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BRITISH MED. ASS.



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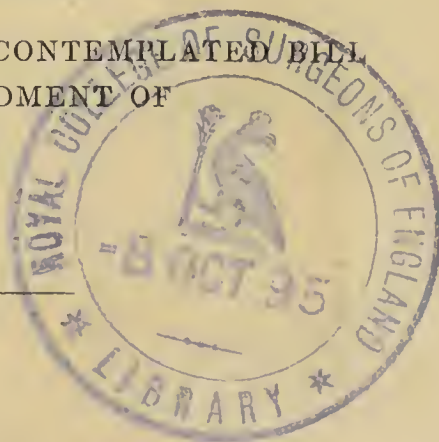
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THE
ADMINISTRATION
OF
MEDICAL RELIEF TO THE POOR,
UNDER THE
POOR-LAW AMENDMENT ACT,
AND OTHER LEGISLATIVE PROVISIONS
FOR THE
PUBLIC HEALTH,
CONSIDERED IN THE
REPORTS OF THE POOR-LAW COMMITTEE
OF THE
PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION. .

TO WHICH ARE APPENDED

CERTAIN CLAUSES

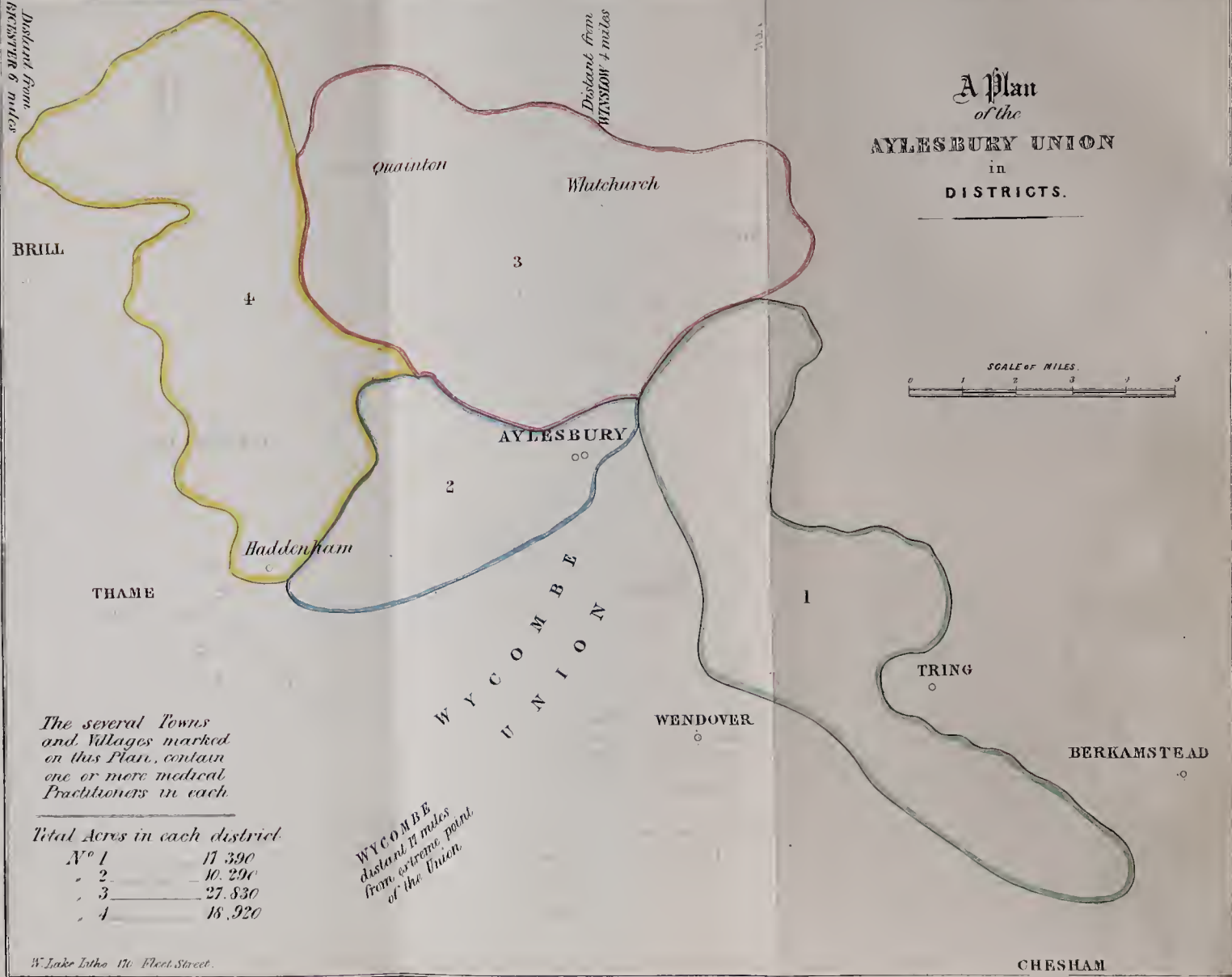
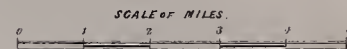
SUGGESTED FOR INSERTION IN THE CONTEMPLATED BILL
FOR THE FURTHER AMENDMENT OF
THE POOR-LAWS.



LONDON:
SHERWOOD, GILBERT, AND PIPER,
PATERNOSTER-ROW.

1842.

A Plan
of the
AYLESBURY UNION
in
DISTRICTS.



*The several Towns
and Villages marked
on this Plan, contain
one or more medical
Practitioners in each.*

Total Acres in each district.

N ^o 1	17,390
" 2	10,290
" 3	27,830
" 4	18,920

*WYCOMBE
distant 17 miles
from extreme point
of the Union.*

THE SECOND PART
OF THE
PRELIMINARY REPORT (1840),
OF THE
COMMITTEE
APPOINTED IN THE YEAR 1838,

BY THE

PROVINCIAL MEDICAL & SURGICAL ASSOCIATION,

“ TO WATCH THE FURTHER PROGRESS OF THE QUESTION OF POOR LAW MEDICAL RELIEF IN PARLIAMENT, AND TO SUGGEST TO THE COUNCIL, FROM TIME TO TIME, SUCH MEASURES AS MAY APPEAR TO THEM NECESSARY TO MEET CIRCUMSTANCES AS THEY ARISE.”

[THE preceding sections of this Report, printed in the Provincial Medical and Surgical Journal (Vol. iii, No. 10), contain an account of the Proceedings of the Medical Profession, and especially of the Provincial Association, relative to Poor-Law Medical Relief, from the year 1836, when the Association published their first Report on this subject, until June 1838, when it was brought under the special consideration of the Select Committee of the House of Commons, appointed to inquire into the operation of the Poor-Law Amendment Act.]

§ 13. Your Committee earnestly solicit attention to a review of the evidence taken by the Parliamentary Committee; and, in the first place, to that portion of it relating to the origin and causes of the contention between the authorities constituted under the Poor-Law Amendment Act and the established medical practitioners.

PARLIAM-
ENTARY
INQUIRY.

The statements of the two parties on this point were, as might be supposed, extremely contradictory. The Commissioners, on the one hand, represented their first proceedings as absolutely necessary, and perfectly justifiable, and the conduct of the medical men as mercenary and factious. These, on the other hand, urged that the new arrangements were needless, indefensible, deeply injurious to the character and legitimate interests of the profession, and subversive of the objects of science and humanity. The established practitioners also alleged that they had just grounds of

Statements
relative to the
change from
old to new
system.

complaint, when an economical experiment—for it was nothing more—was arbitrarily adopted, and their suggestions, resulting from practical observation and experience, abruptly repelled, by parties avowedly destitute of information on the subject.

It is, therefore, the more necessary to bring these historical details prominently before the Association, even at the risk of incurring the charge of repetition: first, because its attention cannot be too frequently or too strongly directed to the objectionable features of the system at first introduced by the Poor-Law authorities; secondly, because many members of the profession, still ignorant of the extent of the original grievance, are disposed to leave the future administration of pauper medical relief, without legislative restrictions, in the hands of those whose abuse of power has been so remarkable; and, lastly, because it is only by a circumstantial narrative of events, that the erroneous statements of the Poor Law Commissioners, both before the Parliamentary Committee and in their Reports, can be successfully refuted.

Returns for
1837 insufficient;
recent inquiries
made.

The returns obtained through the Commissioners, as already mentioned, referred only to one year (1837), and gave no account of the changes effected on the introduction of the present Poor-Law.

Thus the Parliamentary Committee could rely for a knowledge of these circumstances on oral testimony only, which, from causes already alluded to, was unavoidably defective.

Your Committee, therefore, deemed it advisable to make further inquiries respecting certain unions, from parties on the spot, and have thus recently obtained much valuable information, which deserves publication in connexion with an analysis of the evidence.

Lincoln
Union.

§ 14. The Lincoln Union was the first brought under the notice of the Parliamentary Committee, in the examination of Mr. Assistant-Commissioner Gulson. This Union, containing 89 parishes, and a population of 30,230, was formed in the winter of 1836-7.

Fifteen or sixteen medical men were previously engaged in attending these parishes, in which the various sums paid for medical relief, on the average of the preceding three years, amounted to not less than £350 per annum.*

This statement rests upon the authority of the clerk of the Union, who inspected all the parish books, and had the same opportunities of ascertaining the medical expenses as Mr. Gulson, who, nevertheless, asserted, that, "they amounted to about £300 a year, certainly not more than £310."†

Parl.
Evidence.
1071.

* Forty of the parishes likewise subscribed £90 per annum to the county infirmary and city dispensary. (Memorial presented to Poor-Law Commissioners).

† Mr. Gulson, indeed, says, that he consulted the parish books, and examined the overseers, as he always did, to ascertain this amount; but his method of investigation may be judged of by his previous confession, viz, that he could not tell, and had no means of ascertaining the number of medical gentlemen to whom these parochial payments were made. It is difficult to imagine how he could have arrived at one fact without discovering the other.

The board of guardians having divided the Union into four districts, commenced the feud by requiring tenders; Mr. Gulson says, contrary to his advice. At first, the advertisements were confined to the locality, and nine tenders for separate districts were presented by the resident practitioners.*

The minutes of the board will show, that the aggregate amount of the highest of these tenders was £430,† and of the lowest £380.‡ Yet Mr. Gulson presumed to state that they varied from £450 to £700.

The board of guardians at once decided on the rejection of all these tenders,§ and fixed the medical salaries at £270|| for the whole Union, £270 sum was declined by every practitioner to whom it was offered.

Advertisements were again issued “in many papers, far and near;” and all the medical men residing in the Union were informed that they were “at liberty to attend the board” on the day named in the advertisement. Accordingly twelve practitioners met for the first time, on that day, in a room adjoining the meeting of the guardians, and agreed that the senior member of the profession present should represent to the board, that, after mature deliberation, they were ready to co-operate in performing the duties of the Union at £300 per annum, with 10s. per case for midwifery, or at £320 including midwifery.¶ This was equivalent to 2½*d.* per head on the population, being about £30 below the sum before paid for medical attendance on the same parishes, and £20 above Mr. Gulson’s estimate, which he recommended the guardians to adopt.

1071.

The board immediately broke off the negotiation, and opened the tenders, one of which was from a Mr. Sheriff, with such testimonials as the astonished assistant-commissioner “never saw before.”**

Arrange-
ments for me-
dical relief.

This Mr. Sheriff offered to take the whole Union, the diameter of which is nearly 20 miles in every direction.†† This extraordinary offer was forthwith accepted, as may be proved by a minute of the board, Feb. 1st, 1837.‡‡

* See their memorial.

† 3½*d.* per head on the population. (Ibid).

‡ Less than 3*d.* per head. (Ibid).

§ The guardians advertised for *tenders*, because they had *no* means of estimating “the value of the services required, of which the medical men only were able to judge.” On what plea, then, did they reject the tenders, and proceed to calculate the amount? Did they, in the mean time, discover their latent capabilities of forming an estimate?

|| About 2*d.* per head on the population The assistant-commissioner says, he endeavoured to induce them to name £300, but without success.

¶ “I entreated one of their friends not to name any sum beyond £300, for beyond that I was sure the guardians would not go.”—*Mr. Gulson.*

** If Mr. Gulson had known more of the manner in which medical testimonials are often procured, he probably would not have stated “that there was no doubt he was a proper person, from his testimonials.”

1072.

†† Mr. Gulson stated that it extended 20 miles by 16 or 17; this is, however, below the ascertained measurement.

1061.

‡‡ Extract from Minutes of the Lincoln Union, February 1st, 1837:—“Mr. Sheriff having

Mr. Gulson asserted that three medical officers were appointed *from the first*, but the appointment of the other two gentlemen to twenty-four parishes (at the northern and eastern extremities of the Union, for £37), did not take place till March 1st, 1837, and was owing to the transmission of a memorial from the medical practitioners to the poor-law commissioners, as well as to a letter from the clerk of the Union, who felt it his duty to point out "the impossibility of having the duties of such an extensive Union efficiently performed by any one resident in Lincoln."

It is evident that the object of Mr. Gulson's misrepresentations was to lead the Committee into a belief that the demands of the established medical men were so unreasonable, that, in self-defence, the guardians were compelled to advertise for tenders from a distance. The facts of the case, as here stated, on unquestionable authority, will convince any candid person how utterly groundless was the accusation.

1072. To strengthen his case, Mr. Gulson intimated that the high tenders of the medical men resulted from their having met and *combined*. The fact is, that there was no meeting of the medical men till after they had separately, and with scarcely any communication between themselves, rejected the offer of £270. The only occasion of their meeting, as a body, was when they finally agreed that £320, as being within the previous amounts of the parochial payments, ought to be the minimum salary for the Union.

Results. Your Committee must now point out some of the consequences of entrusting so enormous a population and extent of country to one medical man; and to a person, moreover, utterly unacquainted with the habits and condition of the poor in the locality. The majority of these paupers, naturally suspicious of a transaction which consigned them to the care of a stranger employed by the guardians at a depressed rate of remuneration, refused the proffered aid, and applied to the established practitioners in great numbers for gratuitous assistance. With the exception of the sick in the workhouses, Mr. Sheriff was for six or seven weeks without a pauper patient on his list, from the whole of this immense district. He himself confessed that, for the first year, their number never exceeded fourteen.*

1075. The little private practice which Mr. Sheriff's high-sounding pretensions at first obtained for him, gradually diminished, notwithstanding Mr. 1108. Gulson's hopes and statements to the contrary. The general impression as to his performance of the Union duties was highly unfavourable. He was evidently sinking. Nevertheless, during the second year the guardians

proposed to perform the medical duties of the whole Union at the sum of £200 for one year, commencing this day,—*Resolved, that his offer be accepted.*

"N. B. The Guardians think it quite unnecessary for Mr. Sheriff to attend in each parish twice a week." Compare this N. B. with Mr. Gulson's evidence at the end of 1072.

15768. * Mr Farr states from the returns that, including the workhouse, the average number of sick was 20. Total in the year 550.

made an effort to retain him, by still further diminishing his district, without reducing his salary, and by permitting him to dismiss an assistant whom they had previously required him to keep. Their *well-meant* assistance, however, came too late, for he was obliged to leave the Union in November, 1838.

The mortality in the Lincoln workhouse during his two years of office, compared with that of the following year, 1839, in which the poor were restored to some of their former medical attendants, is rather remarkable; yet it *may* be accidental. The subjoined table is compiled from the Reports drawn up for the auditor:—

	Patients.	Deaths.
1837.....	253	34
1838.....	218	31
	<hr/> 471	<hr/> 65.....13.8 per cent.
1839.....	259	22.... 8.5 per cent.

As already intimated, the guardians during 1838 apportioned four more of the extreme parishes to two of the resident practitioners, so that there were then five employed, whose collective salaries amounted to £270, the sum first offered to the resident medical men. On Mr. Sheriff's departure, however, finding that the resident practitioners were generally disposed to undertake the duties, they re-divided the union into seven, and afterwards into eight medical districts; one of which was subdivided by the contractors, so that nine medical officers are now employed. But, unwilling to lose the opportunity, which so praiseworthy an action afforded, of deriving some pecuniary advantage, and having effectually subdued the opposition of the medical men, they reduced the salaries from £270 to £240; perhaps on the ground that, as the duties would be more efficiently performed, a less amount of pay ought to be awarded.* At present the total amount of salaries is £260 per annum.

The statement of facts relative to this union cannot be more appropriately concluded, than by quoting Mr. Gulson's own evidence:—"I think that, in this instance, *no board of guardians could be shewn to be more anxious to do the best that could be done for the poor.*"

§ 15. From a personal knowledge of the facts, your committee are able to give also a full report of the early medical arrangements, and consequent events in the three following unions:—

* Vide p. 46, Appendix to First Provincial Poor Law Report—Brackley Union.

Bridgewater
Union.

The BRIDGEWATER UNION was formed by Mr. Assistant-commissioner Weale, in 1836. It contained a population of 28,566, and 40 parishes. Before the formation of this union, the medical salaries in its several parishes amounted to £481, exclusively of casualties and suspended orders, which were calculated by the board at 20 per cent.,* making, according to this estimate, a total of £577, the average amount previously paid to 16 or 17 practitioners.

The guardians at once determined to reduce the amount to £363. The medical men, aware that they had always been paid at too low a rate, remonstrated against such an extraordinary and unreasonable reduction, but ultimately acquiesced, on being assured by the chairman, that the first year was one of *probation*, and that if the remuneration proved inadequate, it should be increased. The union was divided into seven districts, and surgeons, fully qualified, were appointed.

The conciliatory conduct of the medical men only delayed the crisis which a defence of professional character and interests rendered inevitable. At the expiration of the first year, the districts having been found inconveniently large, the board proposed to increase their number to eight, and to make the workhouse a distinct appointment, fixing the amount of district salaries at £370, and the new workhouse (just then opened) at £30. A notice to this effect was accordingly circulated.

The medical officers, however, "finding, from the experience of the past year, that, with justice to the poor, the guardians, and themselves, they could not continue their charge at the salaries proposed," and that the board was unmindful of the pledge given at first by the chairman, addressed the guardians to that effect; at the same time expressing their readiness to resume their duties on equitable terms. In this just remonstrance, the other principal practitioners in the union coincided.

Having been invited by the board to state their offers, the medical officers proposed salaries, varying from 3d. to 4d. a head on the population of the several districts, and £50 for the workhouse, intended to contain 300 persons. The total demand was £528 16s 4d; about 4½d per head on the population of the whole union, and £50 less than the former medical expenses.

The board summarily rejected this very moderate offer†, and appointed to a portion of the union, two medical men of inferior qualification. The remaining portion was advertised in the London and provincial papers.

To facilitate their project, the guardians re-divided the Union into only six districts, in direct opposition to their slightly improved propositions of the previous month. They also raised their offer from £400 to £435, in order to attract adventurers.

* A reference to the parish books will shew that these extra expenses amounted to nearly £200, or 40 per cent.

† Vide Dr. Kay's evidence; and Col. Court's estimate for Wilts, 4½d a head, and for Hants, 5½d.

One of the three candidates, obtained by advertisement, was appointed to an extensive district. He was unknown to the board, was unacquainted with the locality, and was *not* a member of the College of Surgeons. His previous history was far from creditable; and he obtained the situation by assuming fictitious titles and qualifications.* Three of the resident practitioners, more disposed than their brethren to accept the terms last offered, were appointed to the three other districts; one of which contained fourteen parishes, and extended ten miles by eight. The medical officer refusing to undertake the care of so enormous a district alone, was allowed to divide it with another of his former colleagues; there were thus four of the previous medical officers employed.

In the course of three weeks these arrangements were completed; but while pending, the board authorized the former surgeons *to attend the poor on the same terms as they did their private patients*. The relieving officers were at the same time directed to be sparing in their orders for medical relief; hence these orders were repeatedly refused, and in consequence, several of the sick poor suffered severely. Some frightful results of this inhuman system have been published in a pamphlet, entitled, "Facts connected with the Medical Relief of the Poor in the Bridgewater Union."

When the time arrived for the payment of the charges incurred in the absence of contracts, the board of guardians refused to fulfil the engagements they had deliberately made. The surgeons, therefore, instituted actions at law† to recover the amount of their claims, in which they succeeded to the extent of about two-thirds of the whole sum; viz. £163 instead of £248. The board refused payment for medical relief granted by order of overseers, and, indeed, the whole proceedings of the guardians towards the medical practitioners were of the most irritating and offensive description.

Such was their effect on the mind of one unfortunate surgeon, whose straitened circumstances prevented his taking legal measures for enforcing his rights,‡ that he committed suicide, leaving a widow and three young children unprovided for! These facts were all proved in evidence before the House of Lords.

The qualifications of the person by whose appointment the board saved £17 per annum may be judged of by a trial at the Somerset assizes,§ for neglect and mal-treatment of a patient, in which a verdict was returned against him. He was, nevertheless, reinstated in office by the board of guardians, and retained a second year, at the end of which, the more

Results.

* Mr. John Rodney Ward. See *Lancet*, Aug. 18, 1833.

† The expenses incurred by the board in resisting the just claims of the surgeons amounted to nearly £500.

‡ The guardians, aware of his inability to contend with them, only paid £40 of his bill, which amounted to £92.

§ *Lancet*, August, 1833.

moderate party prevailed, and he was not again elected. He is still residing in Bridgewater, endeavouring to obtain practice, and supported mainly by a few of the guardians who had been most conspicuous in opposition to the established practitioners.

Eight medical officers are now employed in the Union, and the total amount of their salaries is £260.

Aylesbury
Union.

15300. The AYLESBURY UNION was described as being "principally situated in the vale of Aylesbury, which consists of a damp, clayey, retentive soil, subject to inundations in wet seasons;" the atmosphere "cold and humid;" the occupation of the working men chiefly agriculture, that of the women lace-making. The wages being low, "their circumstances are bad, their physical condition is inferior, and their intellectual endowments small, they are a poor sickly race of beings, which is partly attributable to the soil, and partly to their insufficient diet."

15301. The principal acute diseases prevalent among the poorer classes in this Union, are "intermittent, remittent, and continued fevers; affections of the mucous membranes, often epidemic to a great extent." "The chronic diseases are scrofula, nervous affections, indigestion and other diseases of the stomach," which are remarkably prevalent. These peculiar features of the Union were detailed to shew the necessity for a careful provision of relief to the sick poor.

15368. The Union was formed in July, 1835, by Mr. Assistant-commissioner Gilbert. Its shape is particularly irregular and inconvenient. It contains a population of 21,480, and forty parishes, which the guardians distributed into four districts.

See plan
annexed.

15389. Sixteen medical men, who previously attended these parishes, signified to the board of guardians, through one of their number as deputy, their readiness to continue their services, provided their salaries could be equitably adjusted, one in each district becoming responsible for three or four others who would assist him. The guardians, however, instructed by the commissioner, and following a practice but too frequently before adopted in the locality, had already *advertised for tenders*, which were to specify a payment per case, diminishing in amount as the total number of cases increased, with a maximum limit to the salary.

The resident practitioners stated their objections to this unjust proposal, which, professing to remunerate the medical officer according to the duty performed, deprived him of the miserable pittance when called upon for an unusual amount of exertion. They stated that they should have less objection to a payment per case, if the obvious principles of such a mode of remuneration were not violated by the limitation of a maximum; they therefore proposed fixed salaries for the four districts, amounting to £595; or in case this were refused, they were prepared to accept a sum equal in amount to the average cost of medical attendance for the last three years, in the several parishes comprised in the Union.

15239.

The guardians rejected this most reasonable offer, insisting on a rigid adherence to the conditions of their novel and absurd proposition.

The medical men, averse to such a scheme, made one more attempt at conciliation, by suggesting a minimum limitation of the salary, as a protection or set-off against the maximum which the guardians required for their own security from the demands of disease and destitution.

But the board rejected all compromise,* and the districts were disposed of, the first to a candidate residing out of the Union (not one of the sixteen), and the other three to two adventurers brought from London with tenders, in conformity to the prescribed conditions. The terms on which these districts were taken varied from 2s 3d. to 4s. per case, according to the number of patients, limited by a maximum of £525.

Arrange-
ments for
medical re-
lief.

15240.

Rather, therefore, than pay the somewhat higher salary first proposed by the medical men, or incur the average medical expenses of the previous three years, until a better system could be substituted,—or even rather than meet the subsequent endeavours of the profession to some approximation of terms, the Board of Guardians wantonly sacrificed to their own ignorance and pertinacity, the legitimate interests of a number of established practitioners; not content with this, they withdrew the poor from the care of their tried medical advisers, and handed them over to persons of whose character, principles, and talents, they knew nothing.

The subsequent history of the medical contracts in this Union is instructive.

15245.

District No. 1, the greatest diameter of which was sixteen miles, was at first intrusted to a medical officer who also held a district in another Union† (Tring), in which he resided. The most distant point from him was eight miles, at which point medical advice could be obtained within four miles. In the second year, another surgeon, residing out of the district (at Aylesbury), was appointed, from whom the most distant point was twelve miles!‡ In the *third* year, a *third* medical man held it, together with another district (No. 2). This person was one of the London strangers, and resided at the same place with the preceding surgeon.

15246.

15247

15262.

15265.

In this unfortunate district was exhibited not only the evil of repeated annual changes, but a progressive deterioration, for three years, in the medical arrangements.

The other districts suffered nearly similar mutations.

The greatest diameter of district No. 2 was fourteen miles. It was held by the same medical officer, a stranger from London, who, during the first two years, also held district No. 4, and in the third year district No. 1; this enormous extent of duty being undertaken without any

* Appendix to First Provincial Poor Law Report.

† Ibid

‡ Ibid.

assistant! The remotest part of the district was eight miles from his residence; but he might have been called upon after accomplishing fourteen miles of this district to travel nineteen miles through No. 4.*

15253. District No. 3, containing fourteen parishes, and nine miles in diameter, was taken for the first year by the other London adventurer, who settled in a central village. The second year, another surgeon just commencing
15263. practice in the same place succeeded him in office. In the third year, the guardians appointed a fresh practitioner residing out of the district,
15265. his residence being distant from its two extremities not less than seven and eight miles.

15253. District No. 4 was held during two years by the medical officer of No. 2, the *nearest* point to whose place of abode was seven miles, the remotest twelve. Medical assistance might have been obtained at four points
15265. within a moderate distance of *all* the parishes. In the third year this district was held *singly* by *another surgeon* recently introduced, and residing at the same preposterous distance.

Results. According to the understanding with the committee, the consequences of these arrangements were not detailed in evidence, it was only stated
15288. that "cases of fever and acute diseases occurred which could not be visited properly; and elsewhere accidents occurred which could not be properly attended to."

But a reference to the minute book of the board of guardians would disclose lamentable reasons for the dismissal of some of their oft-changed medical officers, and for the official reprimands which even the most determined indifference to the sufferings of the sick poor could not repress.

During the first year two inquests were held on patients who died under the treatment of the new surgeons; but the exculpatory verdicts by no means quieted popular suspicion.

No means were neglected to maintain the credit and the position of the strangers, and, in several instances, patients, under the gratuitous care of the established surgeons, were compelled to relinquish their aid, and apply to the Union medical officer in order to become entitled to any pecuniary relief.

Your committee possess the details of neglected cases in remote parishes†, where the paupers suffering from acute and serious disease were literally unable to procure medical aid.

15295. The guardians, if left to themselves, might have made better arrangements; for the assistant-commissioner was known to suggest that one medical man could undertake the whole duty; the extent of the union being twenty-three miles by fifteen.

Such were the medical proceedings of the board for three years, during

* Appendix to First Provincial Poor-law Report.

† Hawridge, &c.

which, however, some experience had been acquired. The guardians at length yielded to *necessity*, a part of what they had refused to *reason*. They must, therefore, have felt that the first representations of the resident practitioners were not ill founded; for the payment per case was abandoned, and fixed salaries were substituted, amounting to £550, being only £45 below the sum at first required by the resident medical gentlemen.

In the fourth year they made another approximation to the original recommendations; for they induced or directed the medical officers of districts No. 1 and 4, to engage two deputies for their remoter parishes. Still more recently a further improvement has taken place; so that at the present time *six* of the *sixteen* practitioners, who, in the first place offered their services, are in office. Of the two strangers at first introduced by the guardians, one resigned his appointment in ill health, and left the Union after a year's residence; the other, after his recent dismissal from district No. 2, applied for No. 3, then vacant, but was at once rejected, and is now seeking his fortune elsewhere.

Since the original arrangements have been thus modified, the evil consequences at first so fearfully apparent have progressively diminished.

On the formation of the AMERSHAM UNION in 1835, the board of guardians, by the advice of the assistant-commissioner, Mr. Gilbert, invited the surgeons already in attendance on the several parishes, to continue their services, on the receipt of 2s for each case of illness and accident, accompanying this humiliating proposal with the usual threat of publicly advertising the Union, if it were declined. The resident surgeons protested against this proceeding, and shewed by several calculations the total inadequacy of the proposed terms. One of the medical men suggested to the board a scale by which these payments might be somewhat more reasonably determined, within the limits of 2s 6d, and 6s 8d per case; the sum increasing according to the distance of parishes and the paucity of cases, though he still considered this far below a proper remuneration.

The board hereupon made a slight advance on their first offer, namely, 2s 6d, 3s, or 3s 6d per case, according to the total number of patients, but refused any increased rate for distant parishes. They likewise reduced the payment per case to half the above sums for all cases removed within the first month of treatment to the Union Workhouse, for which a separate contract was to be made. The board also limited the cost of pauper attendance to the amount of the former salaries.

The majority of the surgeons, though entirely disapproving of this proposal, both on account of its inadequacy and of the unreasonable and obnoxious nature of some of its provisions, nevertheless judged it advisable to undertake the contract; but the practitioners resident in the Chesham district, which contained a population of 6,300, and extended nine miles by seven (consequently involving the longest journeys, and the greatest

14841. expenditure of time and labour), declined attending the distant parishes, unless an increased rate per case were conceded for so obvious an outlay.

Medical
arrangements
and their
results.

The board, deaf to arguments, advertised the district, and appointed a youthful candidate from London.

Before the formation of the Union, the medical salaries amounted to £377 per annum, and the usual extra charges to more than £100.

At the close of the first year, the total payments to the medical officers were £255, being a reduction of more than £200 per annum. The payments for the *distant* parishes amounted to less than one-third of the former salaries. The dissatisfaction of the new medical officer was great, but that of the poor still greater.

14841. The guardians then relinquished the payment per case, and returned to fixed salaries. But rather than abandon the gentleman whose reply to their advertisement had relieved them from their difficulties, *they increased his rate of remuneration for the distant parishes*—thus admitting the justice of the principle for which the established practitioners had originally contended, and for adhering to which they lost the appointment.

The subsequent conduct of the board to those gentlemen may be exemplified by the following occurrence:—At the commencement of the second year, the medical officer was taken ill, and consequently unable to attend to his duties. The parish officers were applied to, and they requested one of the established practitioners to undertake the care of the sick. Notwithstanding what had previously occurred, this medical man thought it right to obey the call, and attended the poor of the district for a week. The board of guardians, in return, refused to discharge his account for this attendance. They had the effrontery to suggest that it was usual for practitioners “to assist each other gratuitously under such circumstances, as a matter of course.” To crown all, they informed their unfortunate medical officer, that if payment were demanded, which they knew it might be legally, they should require it at his hands, he having undertaken the contract!*

See Second
Annual Re-
port of Com-
missioners.

§ 16. Lest it should be asserted that the three or four Unions of which so particular an account has now been given are exceptions to the general rule, or that the inferences about to be drawn are not fairly deducible from the foregoing facts, your Committee proceed to mention other instances, in which “considerations of character, personal qualifications,” and past services, have been set aside, and persons from a distance (chiefly inexperienced young men) appointed to the care of extensive districts, or entire Unions.†

* Appendix to First Provincial Poor Law Report.

† The disappointment, and even ruin, which befel some of the medical adventurers introduced by the Poor Law Commissioners, are exemplified in the following case:—

And your Committee take this opportunity of again acknowledging their obligations to many gentlemen residing in and near some of the Unions, for important additions to those notices of the medical arrangements, which are to be met with in the Parliamentary Evidence.

The system of medical relief adopted in the EPPING UNION, was fully described in the evidence of Dr. Rowe, of which the following is an abstract:—

This Union was formed by Mr. Power in 1836. It contained a population of 14,734, and eighteen parishes, in which eleven medical men had been employed at a total cost of £600 in the year preceding its formation. The surgeons previously employed were at first requested to meet, in order to discuss the subject and offer suggestions to the guardians. This being done, Dr. Rowe, on behalf of his medical brethren, addressed a courteous letter to the board, proposing that their services should be continued at the rate of their previous salaries, on the average of the preceding three years; at the same time shewing, by an irresistible calculation, how inadequate these salaries were. Epping Union.

The guardians, by the advice of the assistant-commissioner, rejected this offer; and adopted for the paupers a modification of the medical club system (Mr. Power's defence of which will be noticed hereafter). According to this scheme, 2s. 6d. per head per annum was offered for each man; 1s. 6d. for his wife; 2s. for each adult single person in a family; and 6d. for a child. The guardians only contracted for those in the receipt of pecuniary relief, reserving to themselves the privilege of adding to the list any persons who, when ill, might require medical relief from the union; thus paying for the *event* of sickness a rate which, on the principle of the contract, was only intended for its *contingency*. 15605.

Six of the established practitioners declined so paltry a remuneration, although they were informed by the chairman that "there were plenty of talented young men from Somerset-house who would be sent down to supplant them." 15626.

The board immediately advertised for medical officers, and two perfect strangers were successively appointed. One of these was dismissed by the board, after a coroner's inquest on a pauper whom he had attended.* 15667.

"St. George's Union, Southwark.—Meeting of Guardians, Dec, 5, 1838.

"Amongst the applicants was a female of respectable appearance, whose manner evidently bespoke that she had been brought up in a superior manner. From the questions put to her, it appeared that her husband was a surgeon,—and that he had been one of the medical attendants to a country Union, comprising twenty-five parishes; and for his services the Poor Law Commissioners had awarded a salary of £30 a-year, (?) on which it appears he and his wife starved. The relieving officer was ordered to inquire into her case, and yesterday, on passing the workhouse, we saw the poor creature waiting, with other out-door paupers, to receive some bread."—*Standard newspaper*.

* In the year 1838 there were still in this Union *two* medical officers who had been introduced in consequence of the medical men of the district declining to accede to the offers of the board. 15673-4.

In the temporary and unavoidable absence of the second "stranger" from his union duties, the sick poor applied for relief to a druggist, who allowed one unfortunate man's dislocated shoulder to remain unreduced for two nights and a day, when it was at length charitably reduced by one of the established practitioners.

15677.

15602,
15635-6.

Dr. Rowe's annual receipts under the old and new systems were not very different; but he states that he was so disgusted with the mode of calculating the salary adopted by the guardians, that he allowed them to pay him "what they pleased," without his taking account of cases attended, &c. "He would rather have attended them for nothing than give his district up."

15642.

Eton Union.

14762.

In the ETON UNION, one of the districts, containing a population of 5585, and six parishes, formerly attended by four medical men, each having a competent assistant, and each living near his charge,* was entrusted to *one* medical officer, a stranger, who was located at the distance of six, seven, and even eight miles from the remote parishes.†

The established surgeons were ready to continue their services at the average rate of the previous remuneration, but were not prepared singly to undertake so impracticable an extent of duty. The assistant-commissioner and board of guardians agreed not to require tenders, but "constituting" *themselves* "the judges of the fitting amount of remuneration,"‡ awarded to each district salaries lower than the respective aggregates of the former parochial salaries.

A vivid and faithful picture of the arbitrary and injurious division of this union into *three* medical districts, which had been previously attended by *eight* or *nine* "principals," besides their assistants, and of the treatment to which Union medical officers are liable, is contained in a pamphlet entitled "Remarks on the Medico-Parochial Arrangements of the Poor Law Commissioners," by Mr. Roberts of Burnham.§

Faversham
Union.

The FAVERSHAM UNION was formed in 1835 by Sir Francis Head. It contained a population of 14,845 souls, and twenty-five parishes, and was forty miles in circumference.

Eight medical men, all competent and qualified, had previously attended these parishes, at an average expense of about £500 per annum. On the formation of the Union, the assistant-commissioner advised the board of guardians to offer £250, without assigning any reason for so extraordinary a reduction. The resident practitioners, desirous of being employed, declined this offer, and proposed the average annual amount of

* No part distant more than three miles, excepting only one small parish, containing 391 inhabitants.

† A case exemplifying the fearful consequences to the sick poor of this arrangement may be seen in the Appendix to the First Poor Law Report of this Association, p. 56.

‡ Second Annual Report of Poor Law Commissioners, p. 23.

§ London. Ridgway, 1836.

the former salaries. The board of guardians would listen to no compromise, and advertised the medical care of the Union at the above sum, £250.

14827.

A perfect stranger, being at the time in prison for debt, applied for and obtained the appointment to the whole Union! He was without a horse or an assistant, and destitute of the necessary remedies and means of preparing them. In consequence of his inferior equipments, the board reduced his salary to £225, thus incapacitating him still further for attending properly to his unfortunate patients.

The complaints of the poor were loud and constant. Nevertheless the guardians retained their medical officer until 1837, when, from increasing embarrassments, and inability to fulfil his engagement, he abruptly absconded.

Three resident practitioners were then appointed, and in the course of time three more; so that now *six* are employed, whose collective salaries only amount to £225.

The HAMBLEDON UNION, formed in March 1836, by Mr. Mott, contains 11,882 inhabitants and sixteen parishes, which were previously attended by seven practitioners, residing in and dispersed over the Union, the extent of which is twenty miles by ten, and the area about 106 square miles. The average annual salaries had been about £350, and the extra charges nearly £100 more.

Hambledon Union.

14763.

The board of guardians fixed the future salary at £250, *including* midwifery, &c., and offered it to the former functionaries, to be divided among them according to the extent and population of their respective districts. These gentlemen stated to the board, that although they considered £250 far from an equivalent for their services, they would, nevertheless, undertake the charge of the Union at the reduced salary, provided cases of midwifery were paid for separately. The guardians resisted, and the medical men in consequence declined acting.

14827.

Advertisements were then issued for "tenders," when one was sent in at £110 for the whole Union, by a person from a distance, who had passed his examination only a year and half previously. The guardians added £40 to the sum specified in his tender, and actually appointed him to the care of the entire Union! The following year they added £100 to his salary, making in all £250, and soon after allowed him extra remuneration for midwifery, the very terms proposed by the former surgeons. Thus, the justice of these guardians to the established practitioners was as conspicuous as their humanity to the unfortunate poor. The medical man whom they appointed still continues in office; but notwithstanding his zealous exertions, it is totally impossible for him or any *one* person to attend to the numerous calls from such an extensive district, with a due regard to the safety of the patients.

The NEWBURY UNION contained a population of 19,000, and eighteen

Newbury Union.

parishes, in which twelve medical men were previously employed, the average total of whose salaries amounted to £425 per annum.

14827. It has been stated that these gentlemen were prepared again to act for the same remuneration; but the board of guardians having divided the Union into three districts, and advertised for tenders, the great majority were not disposed to sanction so disreputable a mode of appointment, and therefore made no offers. Two practitioners, however, residing in Newbury, tendered at £500 per annum, and one non-resident at £780.

Parl. Return. The board accepted the offer of a stranger from London, at £385 for the whole Union, extending fifteen miles by ten, and containing seventy-two square miles.

The results *to the poor* may be imagined from the facts disclosed at a coroner's inquest held at Thatcham on a pauper who died Nov. 27, 1835.*

The same medical officer continues to hold the entire Union.

Ongar Union. The ONGAR UNION contained 10,989 inhabitants, and twenty-six parishes, formerly attended by ten established practitioners, who were prepared, on reasonable terms, (the average of previous salaries), to accept the Union appointments.

The board of guardians advertised for tenders, and appointed *four* medical men *whose offers were the lowest*.

A stranger from London contracted for one of the districts, fifteen miles in length, forty square miles in area, containing twelve parishes, two workhouses, and 6293 inhabitants, at the rate of £108 per annum.

Patients under the gratuitous care of the established surgeons were compelled to relinquish their aid, and apply to the Union medical officer.†

15667. This person was afterwards dismissed from office, in consequence of a coroner's inquest on one of his pauper patients.

Shipston-upon-Stour Union. The SHIPSTON-UPON-STOUR UNION contained a population of 19,030, and thirty-seven parishes, in which *ten* medical men at least had formerly the charge of the poor, at an average annual cost of about £500, including extras.

The assistant-commissioner, Mr. Stevens, at the first meeting of the board, is reported to have said, that if "there were any awkwardness among the doctors, he could send them a gross from London."

The board, under his direction, divided the Union into four districts, and advertised for tenders. Those sent in by the resident practitioners varied from £70 to £100 for each district. The tender for the Campden district was accepted.

At a subsequent meeting the assistant-commissioner stated his opinion, that the medical salaries for the whole Union should not exceed £195,

* See "Times" December, 1835. See also Appendix to First Provincial Poor Law Report.

† Vide *Lancet*, July, 1836, and Appendix to Second Annual Report of Poor Law Commissioners, page 525.

and recommended the guardians to advertise again, in order to defeat the "combination," which he hinted might exist among the surgeons, who, however, positively deny that there was the slightest ground for the insinuation. Advertisements were accordingly issued for the three remaining districts; but at the next meeting the assistant-commissioner introduced a stranger, with a tender for the whole Union at £250.

The guardians, however, would not consent to retract their appointment to the Campden district; whereupon the assistant-commissioner offered his friend £200 to undertake the three other districts. A considerable minority of the guardians strongly opposed this proceeding, on the ground that there was no plea for committing so improper an extent of duty to *one* person, when other moderate tenders had been given in for single districts. Nevertheless the commissioner succeeded in carrying his point.

The three districts so disposed of contained thirty parishes, 15,000 inhabitants, and extended fifteen miles by fourteen; the greatest distance from the medical officer being ten or twelve miles.

So little compunction did the guardians feel at this nefarious transaction, that, in the second year, they entrusted the *whole Union* to the same person!

The third year, they found it necessary to deprive him of *one* of the four districts; and, in the fourth year, the complaints reached such a height, that the Union was re-divided, and four medical men appointed, whose collective salaries amounted to £310,—an arrangement which still subsists.

It is not surprising that, under the former appointment, several instances of neglect (probably unavoidable) occurred. In a future section will be noticed some extraordinary counter-statements and testimonials, collected by the assistant-commissioner in defence of his proceedings in *this* and the *Newbury Unions*.*

Although the guardians were compelled to relinquish their boasted arrangements, the sympathy they manifested for the new medical officer, in his diminution of territory, deserves to be recorded. They awarded him, in the fourth year, the largest district, and presented^d him with £20 more than the advertisement specified. Why did they not evince equal gratitude for past professional services to the poor at the formation of the Union?

The WHEATENHURST UNION, with a population of 7770, and fourteen parishes, was formed in the winter of 1835-6, by Mr. Weale.

Wheaten-
hurst Union.

Five medical men, residing in or near the Union, had previously attended these parishes; the average amount of their salaries, extra charges, &c., on the average of three years, being £141.

* Appendix to Second Annual Report of the Poor Law Commissioners.

5073.

The guardians, regardless of the just claims of these gentlemen, who had performed the parochial duties on such exceedingly low terms, advertised for tenders. Two established practitioners, one of whom had attended nine of the parishes for many years, and had acquired an extensive reputation both for skill and humanity, sent in a joint offer of their services at 150 guineas per annum, and midwifery at £1 per case; *i. e.*, nearly 4½*d.* per head on the population, which is stated by Dr. Kay to be near the average of the salaries given in other unions, and which, therefore, could not be deemed an unreasonable demand. Other tenders were also delivered.

The majority of the guardians were decidedly in favour of appointing the resident surgeons; but the assistant-commissioner pronounced their demand "*too high*," and recommended a "talented young man from the London hospitals." He fixed the salary at £100, and midwifery at 10*s.* per case. He induced the board again to advertise the Union at that sum. One reply was received from a perfect stranger, accepting the offer; and he was appointed to the care of the whole Union, extending in its longest diameter fourteen miles. His place of residence was determined by the board. He actually undertook his duties without a *horse*, or even a *catheter*.

He was speedily desirous of resigning his appointment, but the guardians compelled him to fulfil his contract for the year, at the end of which he departed, leaving a second adventurer as his successor, who, after holding the office for two years, likewise quitted the neighbourhood.

The demands of established practitioners were not inadmissible, because based on the aggregate of previous remuneration.

§ 17. In the preceding instances, it will be seen that the demands of the established practitioners were fair and reasonable, and that in scarcely a single Union they exceeded the amount* of the medical expenses previously incurred.

Yet the commissioners, in their second annual report, have the hardihood to assert, "*We have never sought to disturb or displace the medical practitioners in their respective districts. Whenever this has been done, (and the introduction of individuals from a distance has occurred in but a very few instances),† the guardians have been forced to adopt that course by the inadmissible demands which have been made upon them by the gentlemen who now complain of their practice having been interfered with.*"

14828.

It was shewn to the parliamentary committee, that the demands for the former salaries could not justly be deemed inadmissible; since it had

* Lincoln is no exception, because, although the tenders were *above* that amount, yet the medical men ultimately decided in a body to accept a sum *below* it.

14825.

† Seventeen or eighteen have been already noticed in fifteen unions, including the Bridgewater.

been acknowledged by the late Commission of Inquiry into the operation of the old poor-laws, that "Medical attendance seems in general to be adequately supplied, and economically, if we consider only the price and amount of attendance." An opinion emanating from such high and disinterested authority deserved the greatest consideration; and certainly ought not to have been disregarded on the introduction of the new system, since the first arrangements for providing medical relief were confessed by the commissioners, on numerous occasions, to be mere *experiments*, adopted under very deficient information on the subject.

See their Report, p. 43.

1745.
1812.

This view of the case was most candidly and judiciously admitted by Dr. Kay, when he stated, that in the commencement of his operations, although he found "medical relief, amongst other circumstances, very ill regulated" in the old incorporations of parishes, still the previous arrangements "formed almost the *only basis* upon which he could ground an estimate of what proportion the salary in a union ought to bear to the population;" and again, "the medical salaries have been very much based upon what was done in the incorporations." His argument, with regard to the salaries of an incorporation, would, of course, apply to the *aggregate* salaries of any number of parishes intended to form a union. Though the salary of any particular parish might not have been a safe guide, the previous average rate of remuneration in *all* the parishes of a union undoubtedly would.*

5073.

5081.

This principle, moreover, has clearly been sanctioned by the Poor-Law Commissioners, both in practice and in their first report, in which they lay down the rule, that "the aggregate charges for medical relief shall not exceed the aggregate of the former expenditure for medical relief in the separate parishes." Your Committee do not attempt to defend this as a permanent rule for calculating medical remuneration, because there is an absurdity on the face of it; but they now quote it merely to shew that the commissioners could not fairly term the demands of the medical profession "*inadmissible*," when not exceeding the maximum fixed by themselves.

p. 53.

If, in rare instances (your Committee have only heard of two, Newbury and Wheatenhurst), the proposals of the established practitioners were not within this limit, the reason is obvious, and the blame is attributable solely to the authors of the new system; for, tenders being required, men of moderate views and upright principles were precluded from offering their services for immense districts, or for entire unions, at the same rate they would readily have proposed for single parishes, the

* It is difficult to understand Dr. Kay's attempt to justify a practice in reference to the *aggregate* salaries of a number of parishes, which he repudiated in the case of the salaries of an incorporation. There existed the same "means of ascertaining the average ratio of remuneration in one case as in the other." His object was apparently to defend his brother commissioners in their adoption of tenders.

5129.

duties of which they could have undertaken consistently with a regard to their own capabilities and convenience, and, consequently, the welfare of the sick paupers.

The accusation of "inadmissible demands" probably needs no further, or more complete, refutation.

Motives of
established
practitioners
for proposing
low salaries,

14826.

1705.

§ 18. The advantage and security of the established practitioners were so involved in their making offers which might induce the guardians rather to appoint *them* than to admit medical men from a distance into the centre of their practices, that it would have been unaccountable indeed, had they proposed exorbitant or unreasonable salaries. These considerations were quite sufficient to account for the fact, which the commissioners have noticed, and which was repeatedly urged by their friends before the parliamentary committee. It was said, that "the instances in which strangers have been introduced, bear a small proportion to the whole number of the unions;" and so, according to Mr. Gulson, "the introduction of a stranger was quite the exception." The obvious reply is, that its being the exception, instead of the rule, originated not in any favourable disposition of the authorities to the established practitioners, as events have sufficiently proved, but in the fears and necessities of the latter.

and for sub-
mitting to the
new medical
arrangements

The fact is, that, in the vast majority of unions, some of the resident medical men sent in "tenders," or submitted to the terms dictated by the guardians, not because they considered appointment by tender defensible, nor because the offers of the guardians were less inadequate than in those unions where strangers were introduced, but because they were resolved, at all hazards, to keep out another rival; or occasionally, it is feared, were desirous of occupying a position which would enable them to infringe on the private practice of their established competitors. The guardians were, indeed, seldom reduced to the necessity of introducing persons from a distance. The mere threat of such a proceeding frequently availed to ensure acquiescence on the part of the resident practitioners. Examples of this are to be found in the Banbury, Chipping-Norton, Cookham, Eastry, and Reading Unions.*

Sir Francis Head, the assistant-commissioner, openly boasted that the immense reduction, which he had made in the medical salaries, was principally effected by the free use of such threats.† It can scarcely be believed that the commissioners have persuaded themselves, although they endeavour to persuade others, that the apparent acquiescence of the medical men in so many unions, *thus obtained*, was any proof of their cordial approval of the arrangements of the guardians

* Appendix, First Provincial Poor-Law Report.

† Ibid. Cranbrook Union.

Nor should such statements as the following pass unnoticed. "Many medical men, who set their faces against these arrangements in the first instance, now cordially accede to them." A reference to the unions beforementioned will prove that, although, in many instances, the established practitioners, tired of the contest, and smarting under the injuries inflicted upon them, have yielded to the guardians, and accepted office on almost any conditions; yet in nearly an equal number, such has been the change in the opinions and proceedings of the guardians, that the medical gentlemen have been enabled to hold the appointment with a due regard to their own consistency. In these cases the guardians have amended their system, not the medical men their views.

1746.

§ 19. The preceding narratives will suffice to shew that the boards of guardians, under the direction of the assistant-commissioners, were the first to assume an offensive position.

The Poor-Law authorities first assumed an offensive position.

The advertisements "for tenders," the dictation of terms below the previous inadequate remuneration, and the imposition of degrading and injurious conditions, such, for instance, as the establishment of a medical club, were direct attacks on both the legitimate interests and the character of the profession. One of these, at any rate, was necessarily sacrificed, and the miserable alternative forced upon every parish surgeon, either of degrading his professional character by furnishing tenders, and accepting discreditable terms, or of forfeiting his fairly-earned advantages, by surrendering the care of the poor to strangers. Under these circumstances, therefore, what ground for surprise or censure is afforded by the fact, that the medical residents collectively have acted on the defensive in many unions,* and occasionally, no doubt, with some asperity?

15136.
15156.

They would indeed have benefitted both the profession and the community at large, had they in every locality unanimously resisted the attempts of the Poor-Law authorities to intimidate and coerce them into submission.

The outcry of the commissioners and guardians against what was erroneously termed the combination of the medical men, was in reality very absurd. Had not self-interest obscured their perception, they would have seen that the practitioners of any union, in coming to some agreement for their mutual protection, were acting on a principle strictly analogous to that on which the boards of guardians themselves were formed. These powerful bodies might with equal truth be styled "combinations," entered into by the more wealthy rate payers, as representatives of the rest, against the paupers, and against those persons who supply the paupers with the necessaries of life.

Alleged combinations of medical men.

Your Committee do not wish to dispute either the propriety or the

* The Assistant-Commissioner, Mr. Earle, confessed that no advantage whatever was gained by the practice of requiring tenders, which "produced combination rather than competition." Second Annual Report, Appendix, p. 417.

1100. advantage of these combinations; but they assert, that the only difference in the cases was, that the guardians had an Act of Parliament to protect them, while the medical practitioners were prompted by nothing but a justifiable regard to their own interests, and a sense of what was due to their profession, the honour of which they had, on entering its ranks, sworn to defend.

Unless, therefore, it could have been shewn that any local association of this nature had made unfair or exorbitant demands upon the community, the justice of its condemnation cannot be admitted. It is, moreover, utterly at variance with equity, that the very parties who supposed their own pecuniary advantage concerned in crushing such an association should presume to decide on the fairness of its demands.

Opposition to vexatious and useless proceedings, justifiable. Dr. Kay evinced more moderation in his remarks on the feelings and conduct of medical men, under the treatment they experienced from the poor-law authorities; but his usual candour and penetration failed him when he stated that, "before the true nature of the intentions of the poor-law commissioners was understood, there were sometimes unnecessary irritation and vexation; and that *if* the commissioners were satisfied of the grounds of their proceedings, it was incumbent upon them, in every instance, not to yield to that irritation and vexation."

5117. He might have been appropriately answered, that the medical practitioners understood "the true nature of these intentions" quite as well as the commissioners and guardians themselves. And certainly the time which has since elapsed has thrown no clearer light upon the "true nature" of their plans. So little, indeed, were the commissioners "satisfied of the grounds of their proceedings," that, in different places, and successively, as may be seen in the preceding sections, they adopted every variety of arrangement, not knowing which was the least objectionable. They were uniform in nothing except the "irritation and vexation" they excited throughout the profession. On what ground, then, but that of mere arbitrary power, could they refuse to yield to that "irritation and vexation" so universally felt?

745. Dr. Kay's defence of his colleagues rests only on a supposition. He says, "*if* they were satisfied," &c. It is plain, therefore, that we must look elsewhere for proof of their own satisfaction with their proceedings. Mr. Gulson says, "the whole of this question since the introduction of the new law has, in fact, been *in the nature of an experiment*;" and 1812 "the object of the commissioners, if I understand them rightly,* in allowing different systems of attendance, was ultimately to find out which works best, in order that they may avail themselves of that experience." And Dr. Kay himself, only a few answers before, observes, "The whole of the existing arrangements *must be deemed provisional*, subject to such modifi-

* If he were doubtful whether he understood their intentions, how could others be expected to comprehend them?

cations as the experience of the poor-law commissioners and boards of guardians suggest;" and again, "*I am not prepared to justify the present arrangements, except as provisional, and I expect changes to be made.*"

5081.

After such confessions, the profession can no longer be accused of unreasonable opposition or of slow comprehension.

5086.

The proper course for the boards of guardians to pursue at first would have been to invite the medical men practising within their respective unions (such at least as were properly qualified) to meet and assist them in the medical arrangements, offering them the aggregate of the former parochial expenses, and acting on their suggestions in appointing the medical officers, distributing the parishes, and apportioning the remuneration. The attempt to effect all this on Mr. Gulson's plan, without the cordial co-operation of at least the majority of the professional corps, could only terminate, as it has done, unsuccessfully. Had an opposite course been pursued, the contest might have been avoided; the heart-burnings, the severance of ancient connexions, and the social animosities, which have resulted from the desperate measures adopted by the poor-law authorities, would not have been heard of. Time would have been afforded for preparing the data on which to found an improved system of medical relief, and the guardians would not have been obliged, as now, to retrace their steps, and practically acknowledge their error.* That the course here indicated would have been pursued in many unions, is clear, had not the poor-law commissioners prevented it. They ought rather to have enforced it in all.

Course which the guardians ought to have pursued.

1699.

§ 20. Medical practitioners in general, and of all grades, were too conversant with the great evils attending the system, or rather the want of system, of medical relief under the old poor-law, not to have gladly assisted the guardians in their removal.

Evils of former system admitted by the profession and remedies proposed.

These evils were fully described in the first poor-law report of this association, and were freely admitted by all the medical witnesses.

They may be thus briefly recapitulated.

The absence of medical superintendence, and, indeed, of responsibility to any proper authority; the frequent adoption of tender in the appointment of parish surgeons; the degrading nature of the competition thus called into action among medical practitioners; the want of adequate inducement to perform properly the important duties of the office; lax and insufficient attendance on the poor; the operation of the settlement laws producing and encouraging charges for attendance on non-parishioners, which charges, if not *absolutely* high (of which there is no proof), were so *relatively* to the pitiful salaries awarded by overseers and select vestries;†

14811.

15389,
15434,
et seq.

14799.

* Mr. Power, who had acquired some valuable experience from the failure of his medical relief schemes in the south, adopted a wiser course in the north. "It has been determined," he said, "to continue the former state of things indefinitely for the present."

† Mr. Gulson produced an instance of a charge on a suspended order, to the amount of £17:

4293
1725

4181. the occasional employment of ignorant and unqualified practitioners ; the absence of any sufficient check on the appointment of distant surgeons, who from motives of speculation might offer their services ; the indefinite nature of the liabilities of the medical officer, producing a tendency on the part both of the rate-payers and of the poor, to extend these liabilities at his expense, and to the injury of all parties concerned.*

In most unions, therefore, the profession had hailed the enactment of an amended poor-law as an opportunity for a reform of these abuses in the medical department. But their propositions were universally received with that distrust and suspicion which characterise minds bent on sordid objects ; and were generally rejected with the self-sufficiency and arrogance that especially marked the newly-created and ill-informed authorities.

Behaviour of
the commis-
sioners.

Totally forgetful of the claims of a learned profession, and of the extent of its unrequited exertions and gratuitous services, ignorant also of the nature of its duties, as well as of the necessities of the sick, the poor-law commissioners attacked the medical body as though it were deriving an enormous and unjust profit from attendance on paupers. And to reconcile the guardians and the community to this violation of equity and propriety, they endeavoured to vilify the general character and asperse the motives of the profession, not only in their official intercourse with the local boards,† but publicly in their first Annual Report.

The unjustifiable statements contained in this document were refuted in the report of the late poor-law committee of this Association. They were also suitably replied to by the practitioners of Worcestershire, Dorsetshire, and Bucks ;‡ and they are now noticed for the purpose only of

the salary being only £40, in the same parish containing 800 paupers. The fair inference would be, that the charge of £17 was proportioned to the amount of attendance, and of course the salary most unjustly disproportioned.

Dr. Yelloly, an impartial observer, states (p. 25), that the result of his inquiries, which were extensive, did not "at all favour the supposition that the charge for suspended orders was, usually, either excessive, or made at the highest rate of professional usage. I have every reason to believe that, in suspended orders, the more expensive form of medicine was not given, and that the charges were those usually made to the middle class of society."

In estimating the amount of former medical expenses, it is obvious that the charges for suspended orders ought invariably to have been included. They were admitted by both parties to afford the surgeon some compensation for the low parochial salaries, and were, therefore, an important item in the account.

1812-8. Mr. Gulson asserted that he always included them in the calculation, but Dr. Kay omitted them in his estimate of the relative proportion of the old and new salaries in the Norfolk incorporations. His comparison is, therefore, incorrect. Neither did Mr. Power consider the suspended orders, in referring to his (supposed) augmentation of the former salaries, but he candidly confessed before the committee that they ought to have been taken into the calculation.

5073. * These evils were quite sufficient, without the addition of Mr. Gulson's absurd stories about the administration of Morrison's Pills, "black beer and gin," and other nostrums, in the absence of medical contracts.

4234. † See instances in First Prov. Poor-Law Report, Appendix.

1053, 1748. ‡ Your Committee solicit a re-perusal of these replies. See Appendix, Part II, First Provincial Poor Law Report.

realling to the recollection of the Association the various circumstances attendant upon the introduction of the new arrangements.

§ 21. Your committee now proceed to consider the reasons for and against the appointment by tender, which were elicited by the parliamentary committee.

Mr. Gulson, in his evidence, and the commissioners in their reports and other documents, endeavoured to shew that, at the commencement of their operations, the guardians had no alternative but to require tenders. They said, "It is only by resorting to open tender, that, situated as the guardians are, in the formation of new unions, they can ascertain, with any thing like correctness, the sum which it may be right to pay for the medical relief of a district."*

Appointment by tender, alleged necessity for, in highly pauperized districts.

14673.

Mr. Gulson stated: "Tender has been unavoidable, and is a good plan in the first instance to ascertain what we can fairly get it done for;" and, "In highly pauperized districts, I decidedly recommended tender, because we found it difficult to fix a sum;" and again, "We could not avoid it in the first instance," qualifying his assertion, however, by excepting "those Unions in which the sum that had hitherto been given appeared to be moderate." Mr. G. thus admitted that it was unnecessary to resort to tenders in every instance,† consequently the commissioners stand corrected by the statements of their assistants. In fact, by referring to the evidence already detailed, we find that the latter frequently dispensed with tenders altogether, even in districts where the expense of medical attendance was the greatest. Thus, in Kent, where pauperism prevailed, Sir F. Head almost invariably fixed the amount of salary, though very arbitrarily and unjustly; and in Essex, Mr. Power attempted to "determine" the rate of remuneration in his medical clubs.

1732.

1700.

1827.

1828.

The commissioners could thus, when so disposed, exercise their own judgment, "and fix a sum," for certain unions: why not, therefore, it may be asked, for all? Because, according to Mr. Gulson, who was probably ignorant of the proceedings of Sir F. Head and others, "some were highly pauperised," and the medical salaries consequently "high." Your committee presume that he meant "*high*" as to their actual amount, and not with relation to the duty performed and expense incurred by the parish surgeons; for it is notorious, that where pauperism has abounded, there the rate of medical remuneration has invariably been the lowest.

This, therefore, appears to have been his mode of reasoning: "where the paupers are few, a calculation may be made, because they are not worth putting up to auction; but where they are numerous, a fair calculation would raise the salaries, which it is my aim to depress: competi-

* Second Annual Report.

† "In the counties of Nottingham and Lincoln. . . . it has been *left open* to the boards of guardians to do what they thought best."

1700.

tion must, therefore, be encouraged; highly pauperized districts are probably the result of the 'high' medical salaries; the number of paupers must, therefore, be reduced by diminishing the remuneration of their attendants. Sickness and destitution will decrease where relief is withheld." Such principles Mr. Gulson would probably disclaim; by doing so, however, he would condemn his practice.

Guardians
unable to
form a correct
estimate.

The commissioners are elsewhere more cautious; for in their second report is to be found another argument for the tender system. "The elements on which the calculation must be founded are in themselves utterly unknown to the persons who are selected for the office of guardians; the medical practitioners themselves cannot fail to be possessed individually of the knowledge necessary for making the calculation, and in asking them to bring it forward in the way of tender, nothing more was meant than that they themselves should in the first instance suggest the amount of the reward, which, in their own view, their services might entitle them to,—thus, in truth, constituting the medical practitioners, and not the boards of guardians, the judges of the fitting amount of remuneration for their attendance." In like manner, the chairman of the committee suggested that "the guardians ascertained by tender what in the opinion of the medical men, being themselves competent judges upon this subject, their remuneration should be." There are two assumptions in this specious but shallow apology for tender: first, that the medical men who furnished them possessed the *data*, as well as the "knowledge necessary for making the calculation;" secondly, that the only method of inducing the medical practitioners to furnish such a calculation was to require tenders.

1733.

Neither were
medical men
fully in-
formed.

The fallacy of these assumptions was shewn to the parliamentary committee. The great majority of practitioners were at that time without sufficient information as to the elements of the calculation. The subject had *then* been investigated by but few. The average cost per case of a proper supply of drugs had not been correctly estimated. The writings of Dr. Calvert, Mr. Smith of Southam, and our late lamented colleague, Mr. Yeatman,* had given very inadequate notions of the prime cost of medical attendance and medicines for the poor; and even these imperfect calculations were unknown to the bulk of the profession. So defective and objectionable was the old system, that it disposed even medical men to undervalue parochial services, and therefore to underrate the expense of proper medical relief.

The former surgeons of parishes knew, indeed, that they had never been remunerated. "Their contracts had never been founded on pre-

* Mr. Gulson said he had read Mr. Yeatman's pamphlet. So little, however, did he understand it, that he described it as a scale for payment "according to the gross population," whereas it is, in reality, according to the number of paupers.

vious fair calculation of the number likely to be relieved, and the real cost of careful attendance ;”* consequently they could never have reckoned on a direct compensation for their time, outlay, and personal exertions.

The introduction of the new arrangements threw additional obstructions in the way of any attempts at such calculations. They knew not for what proportion of the population the guardians might choose to provide medical relief. They could only refer to their old stipends, and take into consideration the increased trouble, which, under the new system, they would incur from onerous returns and inconvenient districts. 14877.

But, in truth, whatever the ignorance of the guardians, or of individual practitioners, on the subject, the commissioners had access to some very important sources of information, partly communications† made to themselves, and partly valuable papers in the Appendix to the Report of the previous Commission of Inquiry. Had they honestly adopted the valuable and disinterested suggestions contained in these documents, and availed themselves of the assistance of the medical gentlemen in the several unions, they might have framed plans far less objectionable, without any recourse to tenders.

Nevertheless, the commissioners felt that it was impossible to avoid some sort of appeal to medical practitioners, who of course possessed a portion of the information required. How then was this information elicited? And how were those possessing it constituted judges of the fitting amount of remuneration? Were they addressed as parties without whose cordial co-operation *no* system, whether provisional or permanent, could be properly administered? Were they supplied with such data for the calculation, as the commissioners and guardians alone possessed?‡ Were respectable and long resident practitioners consulted? No:—instead of such a wise and magnanimous course, the commissioners chose to appeal to every individual in the profession, whether resident or non-resident, employed or unemployed, established or seeking a home and a morsel of bread. All were invited to transmit their estimates, and the prospect of office was held out to that person whose estimate of the fitting amount should most nearly coincide with the views, and appear best calculated to promote the designs, of the commissioners. Let any

* Rev. D. Capper's "Workhouse System."

† See communications from Dr. Calvert, Rev. Peyton Blakiston, Edward Osler, Esq., and the Rev. D. Capper.

‡ The memorial of the Tonbridge practitioners, who had been compelled by the assistant commissioners to accept £250 instead of £470 (the amount of their former salaries), contains the following remark:—"They (the medical men) have asked for and have been denied information as to the grounds upon which the board have decided on the amount of their salaries. They have presented to the notice of the board a statement of their past services and remuneration, and it has been admitted by the assistant-commissioner that an adequate compensation was not allowed."

Ignorance of commissioners less excusable.

To require "tenders" was not the mode to ascertain the opinions of the profession.

unprejudiced person pronounce whether a project could have been devised more likely to destroy every notion of adequate remuneration, in the minds both of those requiring, and of those furnishing, tenders.

The Poor-Law Commissioners were fully aware that the sums specified in these tenders would not bear any relation to the value of the article supplied.

How much less discreditable, then, would it have been, had they openly avowed, that their sole object in requiring tenders was to reduce the Union expenditure, and not descended to evasions so palpable as to strike even the most simple! They knew that the hope of obtaining more profitable practice,* by introduction into "wide fields" for exertion, was the motive which prompted the estimate of some, and that the desire of retaining their old sphere of practice guided the estimate of others. To prove which, the expressed and published opinions of the Poor-Law Commissioners might be referred to, but the evidence of the medical witnesses is more to the point. For instance:—
 14872. "Tenders have always been given in with a view to private practice, and therefore have not operated fairly and equitably in reference to the parochial duties." "In giving the tenders, the medical men were *not* guided by the estimate of the value of their services: so far from that, they only sought to obtain or retain certain other collateral advantages; and it is this peculiarity belonging to the medical appointments of the unions which has enabled the commissioners and the boards of guardians to exercise such an extraordinary control over the medical men of the country."

The lowest tender accepted.

§ 22. The commissioners have, however, in other ways, attempted to defend the operation of tender. "The guardians have, in very many instances, been induced to set the lowest tender aside, solely with reference to considerations of character and personal qualifications."† "I have
 1703. seen numberless instances where the lowest tender has not been accepted." Granting that these statements were founded on fact (although Mr. Gulson brought forward no cases to confirm them), the medical witnesses produced instances in which the lowest tender was accepted, in opposition to qualifications of character and proximity. Some of these are detailed in the preceding sections of this Report, particularly in the Aylesbury, the Hambledon, the Ongar, and the
 Instances. Wheatenhurst Unions.

In the Wallingford Union, also, a district and a single parish were, *by the direction of the assistant-commissioner, Mr. Stevens*, entrusted to two
 14762. medical men living at a distance, who had sent in the lowest tenders, in-

* First Annual Report, p. 53.

† Second Annual Report, p. 23.

stead of to the resident and tried practitioners, whom the guardians wished to re-appoint. Yet, in the face of such facts, the commissioners ventured to assert that the boards were not required to accept the lowest tender.*

Again, in the Eastry Union (second year), a salary of £50 was proposed for one district by two medical men, each keeping an assistant, who had previously attended the parishes; but a young practitioner without an assistant sent in a tender for £24, and consequently received the appointment.† So in the Crickhowell Union, a young man who had resided in Wales only four years, and understood not a word of the language, having sent in the lowest tender, was appointed to the care of one half of the Union, "where you may go for miles before you would meet with a person who could interpret between the medical man and his patient."‡ And in the majority of instances, there can be little doubt that the guardians *did* accept the lowest tender, whether bound to do so or not by the terms of their advertisement. In either case the obvious effect of the tender was to reduce the remuneration below a reasonable rate, and its object as plainly was not to ascertain the cost, but to save expense. By reserving to themselves the liberty of not accepting the lowest tender, the commissioners avoided the public reproach which might accrue to them from a contrary course, and at the same time increased their amount of power and patronage.

Nor were tenders at all necessary to ascertain the number of those willing to accept office, it being obvious that, had the duty been made honourable, a proper remuneration been offered, and the districts judiciously arranged, there would have been no want of efficient and respectable candidates. Tenders unnecessary to procure candidates; and derogatory to the profession.

The commissioners, in their second annual Report, allege that it was never supposed such a course (*viz.* requiring tenders) was derogatory to the character of the profession.

So mistaken and degrading an estimate of the character of the medical profession shews the total unfitness of the commissioners to undertake the management and regulation of its concerns. They must have been well aware that such a practice would not have been tolerated by either of the other learned professions, nor in appointments to any other public offices.§ Their conduct towards medical practitioners was, therefore, without excuse.

* Vide Letter to Lord John Russell. Appendix to Second Annual Report, p. 518.

† Appendix, First Prov. Poor-Law Report, p. 54.

‡ Ibid. p. 51.

§ "To propose that pecuniary competition should be allowed to operate in appointing the officers of our fleets and armies, in providing for the sacred duties of religion, or in filling up the departments of the state or diplomacy, would be just as objectionable as is the plan now so frequently adopted, relative to the attendance on the sick poor."—*Dr. Yelloly*, p. 11.

Inconsistency of the Commissioners' proceedings relative to Tenders.

Opinion of the Parliamentary Committee. (See their Rep. p. 24).

Effects of pecuniary competition on the profession and the poor.

15411.

15417.

15835.

§ 23. Having thus noticed the principal considerations urged by the commissioners in favour or palliation of the "tender-system,"—having also shewn the capricious irregularity of their proceedings on this head, your Committee have only to repeat that, without acting upon any well-defined or acknowledged principle, the commissioners excepted certain unions from the operation of pecuniary competition, "constituting" either themselves or the guardians "judges of the fitting amount of remuneration,"—that, in other unions, where the tenders which they had invited exceeded their expectations, they compelled a reduction of the amount, by threatening to introduce strangers,—and that occasionally they persuaded the most eligible candidate to accept office at the salary specified in the lowest tender. Their practice,* which thus belied both their theory and their professions, was condemned by the parliamentary committee in the following terms:—"If offers have been made and appointments accepted by the resident surgeons at a rate below a reasonable amount of remuneration, under an apprehension that strangers to the neighbourhood might be introduced, and that a part of their private practice would be lost, together with their attendance on the poor, your Committee think that this is a circumstance to be regretted, and they advise the adoption of some different mode of appointment."

§ 24. The effects of pecuniary competition, both upon the professional character and the welfare of the poor, were described by most of the medical witnesses in terms of deep regret and severe reprehension.

Mr. Ceely stated, "that such a mode of election had the effect of injuring the character of the medical practitioner, lessening his respectability, and lowering his moral feelings, and must ultimately have a very bad operation upon the welfare of the poor in sickness." "The competition, generally speaking, is an unfair one; it is impossible for those who encourage it to form an estimate of the completion of the contract; there is frequently a competition between persons of very dissimilar attainments, knowledge, and experience; and, moreover, it is frequently the case that those who most wish for the contract are the least able to perform it. Pecuniary competition for medical services is of a very questionable character. I conceive that an analogy will not subsist between that and other competition, because you cannot discover whether the contract is performed, and much must be left to the integrity and humanity of the individual, which you cannot put into the contract."

Dr. Elliotson also said: "I have spoken against it all my life, and those who have known others comply with it have shaken their heads with dis-

* One, at least, of the assistant-commissioners merits honourable exception. "I have always urged in my district," said Dr. Kay, "that the system of contract by tender should not be adopted, because I have thought it desirable that we should have the services of the most respectable medical practitioners."

gust." Sir A. Cooper in like manner stated his opinion, "that there could be nothing more horrible and more degrading to the profession, or more injurious to the poor."

16049.

The objections to appointment by tender do not apply to an honourable competition between all those gentlemen whose moral and intellectual qualifications entitle them to hold the office in question. The medical witnesses disclaimed any desire to prevent the guardians from selecting their officers fairly from among a number of such persons. Thus, one replied, "I am not opposed to a competition of character and skill;" another stated, that he was not averse to a fair and open competition, "but it ought to be a competition of talent, skill, and humanity, not one of pounds, shillings, and pence, in such a momentous business as the lives of the poor." These quotations would furnish an adequate reply to Mr. Gulson's coarse remark, that the objection of medical men to giving in tenders was, that "they did not like to bid one against another."

15419.
15428.

14874.

1702

Your Committee cannot in this place avoid quoting some extremely apposite remarks from Dr. Yelloly's valuable pamphlet, and they do so the more readily, as, from unavoidable circumstances, the parliamentary committee was deprived of the advantage of that gentleman's evidence. "The principle of competition, and the contracts to which it gives rise, as far as medical affairs are concerned, is unsafe and inexpedient; where the question relates to articles of known and palpable character, proposals and contracts afford the means of obtaining them at the lowest possible rate, because the honest fulfilment of the contract is capable of being ascertained, . . . but in all cases where it is not a common operation which is required, or an article of obvious character which is to be provided—where it is the intellect, the spark of Divine essence, which we wish to enlist in our service, it would be considered as altogether out of the question to look to the lowest terms, instead of selecting a person on whose judgment and assiduity dependence can be placed for efficient assistance. Would any one make competition and low charges ingredients in his choice of a solicitor who is to be entrusted with the management of important affairs?

Opinions of
Dr. Yelloly.

"If a tradesman were to offer to provide an article of known value at a rate at which it could not be afforded, there would at once appear to be something underhand and suspicious in the transaction; nay, the proposition would be viewed as offensive and disreputable; . . . and yet the parish surgeon is required either to accept a sum which the least consideration or inquiry will evince to be totally inadequate, or he is desired to give in his proposals, which he knows must be within certain prescribed limits, or he is threatened with the introduction of some new practitioner.

"The poor-law commissioners consider the principle of competition as strictly and to the fullest extent applicable to the supply of drugs for the

parish poor; but . . . this can only be the case, when means are afforded of judging whether such supply is correctly provided. If an hospital or a dispensary purchase drugs by competition, they have proper officers to see that the articles furnished are good. In this case, and under such circumstances, the principle of competition strictly and fully applies; but it is not so with parochial attendance, where there is no check, and can be none, on the medical man as to the quantity or quality of the medicines dispensed by him. . . . Inadequate terms of remuneration give a lower rank to parish employment than it ought to possess, and often prevent the more established and best estimated practitioners of a district from wishing to have any share in it."

5405. The last-mentioned effect of inadequate remuneration was illustrated by another witness. Mr. J. Ellison, not a medical man, remarked, that when the salary was reduced, under the old law, "only one medical man in the district would accept the office." . . . The paupers soon complained that "there was no virtue in the physic."

Rate of Re-
muneration. § 25. Your Committee now proceed to shew the rate to which, by their parsimonious measures, the commissioners and guardians have reduced medical remuneration.

15818. Mr. Farr calculated, from the returns made to the parliamentary committee, that "the amount of remuneration in the metropolitan unions was on the average 1s. 5½d. per case; in Lincolnshire, 5s. 4d. per case; in Dorsetshire, 3s. 6d.; in Devonshire, 3s. 5d.; in Cheshire and Lancashire, 6s. 1½d.; in Wilts, 1s. 11½d.; and, taking the average of these counties, 3s. 3½d. per case."

Cost of Me-
dicines. He first proved how totally inadequate this was, by a calculation of the prime cost of medicines, which cannot be properly supplied to pauper patients under 2s. 6d. per case.

15811. In the metropolitan districts, therefore, the sum paid to the medical officers was 1s. per case less than would suffice to supply the patients with drugs alone; whilst in the country districts, on the average, only 9d. was allowed for the time and labour of the medical attendant, and the cost of journeys. In some counties, indeed, the remuneration was absolutely below the proper cost of medicines.

15485. That 2s. 6d. per case is barely sufficient to provide drugs for the poor was the opinion of other witnesses. Mr. Ceely said, "I should be sorry to furnish all the medicines for the Aylesbury Union at 2s. 6d. per case." Mr. Farr stated, on the authority of Dr. Bigsby's pamphlet, that "the cost of medicines in twenty-two dispensaries was 2s. 1½d. per case. The Apothecaries' Company supplied the navy with *galenicals* at 2s. 3½d. per head," equivalent to about 3s. 6d. per case; the addition of *chemicals* would, probably raise it to about 4s. per case. It was shewn that the cost, in many hospitals and infirmaries was much higher; for example, in St.

George's Hospital it averaged 5s 2½*d.* per case, for all the patients, in the years 1834 and 1835. but the "average of nine county hospitals, including both *in* and *out* patients, was 3s. 7*d.* per case," and, according to the Rev. C. Oxenden's "Statistical Report of Provincial Hospitals," the average cost of each patient in drugs, leeches, wine, spirits, and surgical instruments, was 3s. 11¾*d.*; the expense in drugs and leeches only, 2s. 5½*d.* per case.*

15803.

Upon the whole, then, your Committee are quite disposed to agree with Mr. Farr, that "as the result of a careful examination of all the returns given in—medicines, leeches, bottles, bandages, and medical appliances of every kind, would amount to 5s. per case, on cases of all descriptions, such as they occur in private practice, of perhaps fifteen or twenty days' duration; and that, with the greatest economy, applying Mr. Chadwick's dietetic principles to the *Materia Medica*, the cost of drugs for medical cases of twenty-three days' duration, cannot be fixed at a lower sum than 2s. 6*d.*; the patients could not be supplied at 2s. 6*d.* with the same medicines precisely as are supplied to the rich; but I can conceive, that by various expedients, without withholding essential drugs from the sick poor, the cost of medicines may be reduced to 2s. 6*d.*"

15811.

These calculations may suffice to shew that the ordinary rate of union salaries must operate as a constant inducement to the medical contractor to withhold from the pauper patients a necessary supply of medicines—especially those of a more expensive kind; "for example, quinine, sarsaparilla, castor oil, tinctures, and aromatics. He has, therefore, the continual temptation before him to make cheap substitutes; and as for leeches, it cannot be expected that the practitioner will incur the heavy expense of providing them (if at all) in the adequate number and frequency." . . . "And thus the methods he must adopt, to make his contract answer, risk an unfavourable effect, not only on his own character and feelings, but also on his pupils, by shewing that there is one set of medicines and kind of attendance in operation for the rich, another for such as are dependent."†

Effects on the patients,

and on medical pupils.

One of the assistant-commissioners, Mr. Power, well describes the necessary consequences of inadequate remuneration. "The low scale of remuneration given, in proportion to the services exacted, has formed, in some instances, the excuse for defective attendance, and the supply of a *worse description of drugs*, than could safely be applied to the private

* This calculation is based on the returns from twenty-seven hospitals; in which, during one year, 23,180 in-patients and 67,246 out-patients were treated.

† Dr. Yelloly mentioned an instance of the insufficiency of parochial payment to provide even drugs for the poor. "A large parish in West Ham Union, containing 4,000 inhabitants, was previously provided with drugs at the expense of the parish, a dispenser engaged at a small salary to make them up, and attendance on the patients given by the resident surgeon gratuitously; but yet, though the expense of the drugs alone amounted to near £70 per annum, the guardians felt themselves justified in contracting for drugs and attendance together, at £50 per annum!"

patient,"* and "has made it difficult to the medical man, without great sacrifice, to attend properly on the parish patients."

Dr. Thompson, in his valuable evidence respecting the adulteration of drugs, proved that "if a medical practitioner were induced, by the low terms of his contract, to purchase his drugs at the cheapest market, he would have no security against their adulteration; and although respectable practitioners would even, at a loss to themselves, supply good and proper medicines; yet, when an inferior set of men are driven to compete for situations, it would be their direct interest to purchase cheap drugs."

Other medical witnesses confirmed Dr. Thompson's hypothesis, by referring to facts which occurred within their own observation.

But this kind of evidence was for the most part kept in the background, owing to the arrangement before mentioned.

No security
for the best
medicines
and attend-
ance.

The chairman of the committee was desirous of extorting admissions, that as the effect of inefficient treatment would be to protract or aggravate diseases, it must be the interest as well as the duty of the medical attendant to provide properly for the cure of any patient. But the witnesses proved that a medical officer, if "determined to get through his duties at the least possible expense and trouble, has the means of so doing by administering cheap and inefficient remedies, without its being discovered either by the patients, the guardians, or the public; that it is in the power of the practitioner to neglect his duties to a very great extent, perhaps to produce a prolongation of suffering, and very frequently loss of life, without his delinquencies being detected by unprofessional observers;" and, therefore, that a person of this description might, for a time, fancy it to be his *interest* to deprive the poor of the necessary remedies.

14942,
et. seq.

§ 26. The inadequacy of the remuneration was, however proved otherwise than by a reference to the cost of drugs.

Parochial sal-
aries com-
pared with
Prison sala-
ries.

Mr. Farr shewed that the average cost of medical attendance upon prisoners in the English jails was 13s..7d. per case, and in the Irish jails still higher. Hence it might be inferred, that the State values the life and health of a felon at four times that of a pauper, since the remuneration of prison surgeons bears that proportion to the payment of union surgeons. If the readiness of the latter to accept office on inadequate terms be the cause, as Mr. Gulson intimates, of so extraordinary a discrepancy, the salaries for prisons might, with equal propriety, be reduced by professional competition to the same level. And why have they not? Simply because the ill effects of such a course had been previously discovered. "The medical attendance on prisons was formerly conducted very much with a view to cheapness; but when an enactment was made, which shewed that it was the wish of the legislature to have efficient services, and pay for them adequately, the visiting magistrates

1879.

Dr. Yelloly.

* See Second Annual Report, p. 267.

raised the terms of remuneration to a fair extent, and have by this means pretty generally now rendered the appointment of surgeons to prisons one that the most respectable members of the profession feel desirous of obtaining." This reform was described by Mr. Farr in the following terms:—

15841.

"The consequence of neglecting the prisoners in jails has been made too frequently evident to allow any parties to overlook the fact. Jail fevers and other diseases have often attracted the attention of government, and the number of deaths occurring in the jails are recorded and known to every body; deaths occurring over a scattered district, and at isolated points, are often forgotten, and make no general impression: and again, on the other hand, the magistrates appoint the surgeon to the jails, and the magistrates are not so difficult to deal with as the old overseers were, and they are rather more scrupulous."

"The overseers (and he might have added *the guardians*) attended more to the amount of the salary, than to the efficiency with which the duty was performed."

Mr. Power, the assistant-commissioner, candidly confessed that "he did not see any reason why, with reference to those parties who are provided with medical attendance by the public, any distinction should exist as to the expense between those who are provided for by the government and those by the parish."

4274.

The standard of union medical salaries has hitherto been estimated with reference to the number of cases attended, but the real cost per case depends of course upon the duration of the attacks of illness. In different localities, and in different types of disease, no less than under different systems of bestowing relief, it is evident that the average duration of cases must vary greatly. The calculation per case is therefore not always an accurate index of the rate of remuneration. Perhaps a more satisfactory method of demonstrating the inadequacy of parochial payment was that suggested by Mr. Farr, by ascertaining the cost of *one* patient sick for a year. It appears from his evidence, that for a pauper constantly sick, or for a succession of single cases, the average cost was

Estimated with reference to duration of cases.

£2..13s. per annum, according to the returns from the eight counties. Now, by the army regulations, country surgeons, in the absence of a military surgeon, are paid at the rate of 4s..4d. per annum per man for the medical care of the troops, except where the number is under fifty, when the rate is increased to 6s. per head. Taking the number constantly sick at 4 per cent.,* the payment for each sick soldier per annum would be either £5..8s..4d. or £7..10s., according to the numbers; the lowest of these rates being more than double the amount of

15807.

15809.

Compared with payment for attendance on soldiers.

15813.

* M'Culloch's "Vital Statistics," by Mr. Farr.

pauper medical remuneration, without taking into account the expense and loss of time caused by journeys to distant parishes.

Local disparity of remuneration

15766.

§ 27. The disparity of payment observed in various unions was very singular, and, as Mr. Farr stated, could not be explained by any thing in the returns. In Devonshire the payment per case ranged from 1s..6d. to 8s. and 10s., apparently without reference to area or distance. Thus, also, in the Wycombe Union, Bucks, the remuneration per case was 2s. and 2s. 9d.; whilst in the Bridge Union, in Kent, it was 10s. per case per quarter, so that, in cases lasting a year, it would amount to £2.

14897.

Maximum protection.

Neither commissioners nor guardians appear to have proceeded on any fixed principle in determining the payment per case; but in order to guard against the consequences of too liberal an estimate, they almost uniformly limited the number of cases to be paid for; thus they secured themselves by a maximum of the cost, whilst they left the medical officer with a certain prospect of loss, either by their effecting a reduction in the number of his cases below the proposed maximum, or by granting orders to a greater number of sick than they meant to pay him for.

The gross unfairness of such an arrangement was shewn by some of the medical witnesses,* but the point is too obvious to require further notice in this Report.

Union salaries compared with former Parochial remuneration
1715.

The remuneration under the new system was asserted by Mr. Gulson to be relatively greater than before, owing to the reduction of medical pauperism. He supposed this to be the case, "because only one-half of the people that used to be attended are so now; the remainder provide themselves with medical attendance."

Mr. Gulson was never more mistaken. An unprejudiced inquiry would have convinced him, that gratuitous aid supplied the deficiency of parochial charity, and that the medical paupers continued so still, though they were dignified by the name of independent labourers, because the parish no longer bore their expenses.

Even those who professed a wish to pay for medical advice found themselves unable to do so, and the losses sustained by attendance on the labouring classes were much increased.

MEDICAL DISTRICTS needlessly substituted for parochial appointments

§ 28. Your Committee have now to examine the statements of the Poor-Law Commissioners, and of the medical witnesses, relative to the formation and extent of the medical districts. The commissioners reported that "No sooner was any part of the country formed into a union, than the propriety of altering the arrangements established for medical relief in the separate parishes, and of resorting to a new and more combined distribution, became apparent."† It is remarkable, however, that neither in their reports, nor before the Parliamentary Com-

* Vide 14902-6, where in one parish the remuneration was reduced from £10 to £2..4s. by this arrangement. Vide also Aylesbury Union. Vide also 15766 et seq.

† Second Annual Report, p. 22.

mitted, do they prove that any inconvenience to the poor, or to the medical attendant, has arisen from the separate parochial arrangements of the former system. No evidence was adduced to shew that any one parish was either destitute of, or at an unnecessary distance from, medical advice; on the contrary, cogent reasons were brought forward in support of a system, which made it the interest, personal and pecuniary, of the rate-payers of each small country parish to place their poor under the care of that practitioner whose residence was most convenient, and whose practice brought him, most frequently, into the village. The inhabitants of rural districts did not require an assistant-commissioner, unacquainted with their locality, to direct them whither to send for medical advice. A thousand circumstances sanctioned by time and custom rendered their previous arrangements the most suitable for their own parish, though probably incompatible with a formal division of the union made for other purposes. 14801 et seq.

“As the distance of the contracting parties generally increased the expenses, the parish had a powerful inducement to appoint the nearest resident.” “The parochial authorities knew better the wants and requirements of the poor, under the several circumstances of each parish, than the board of guardians;” such “information was more likely to be obtained correctly within a limited distance, than over the wide extent of the unions from which the guardians are now selected.” 14798.

Evidence was also produced to shew that separate parochial arrangements might safely be adopted in unions formed under the new Poor Law. For instance, in the Wycombe and Newport Pagnell, both very large unions, the salary for each parish being determined, the medical residents were allowed to undertake the care of such parishes as might be most suitable for their private practice. 15394-5. 14790 et seq.

Mr. Gulson, indeed, alleged that “the medical men under the old system rode over the ground which other medical men had in their districts.” This assertion may be met at once by the well-known fact, that, on the introduction of the new system, the riding over each other’s ground was vastly increased, by separating the private and pauper practice, and employing two surgeons in a parish, where one had previously sufficed. Of course the convenience of individuals must hereby have been less consulted than under the old system. There is but little probability that Mr. Gulson was correct in a supposition which he did not support by facts, and the truth of which your Committee can deny in the case of all the unions that have come under their notice. Mr. Gulson’s allegation (1709) refuted.

It appears, therefore, that the alleged “propriety of altering” the former allotment of parishes rested solely on the *assumed* necessity for “a new and more combined distribution,” in order that an extent of duty *sufficient to excite competition* might be offered to the medical public; the ultimate object clearly being to reduce the amount of medical salaries.

Inconvenient
arrangement
of districts
attributable
to the guard-
ians.

But the commissioners, taking shelter behind the guardians, said, "the districts have been deliberately formed by the respective boards of guardians, who, from their local knowledge, must be considered to be the most competent judges on the subject; and we have reason to believe, that in almost every instance the best arrangement was adopted."* Now, to controvert this specious statement, made, be it observed, in 1836, when the abuses were at their height, your Committee need only refer to the parliamentary evidence, especially to the early distribution of the parishes in the Aylesbury, Lincoln, and Shipston Unions, in all of which the guardians shewed the folly of their arrangements by abandoning them! Numerous other instances might be brought forward.

See previous
sections, 14,
15, 16.

Banbury
Union.

14758.

The Banbury Union, in March 1836, contained fifty-one parishes, which had been previously attended by fourteen or fifteen practitioners. Profiting by a year's experience, if indeed any experience were needed by those who *at first* were "the most competent judges," the guardians entrusted the whole union to three medical officers, one of whom held a district containing thirty-three parishes, fifteen miles across, and one of its boundaries eight miles from his residence! The size of the district rendered prompt attendance impossible: patients died unvisited, and weekly reprimands from the board testify the kind of attention afforded to the sick poor. Compelled to alter their arrangements so "deliberately formed," your Committee find that, in 1837, they had divided the union into eight districts, there being still a district in which the greatest distance from the medical officer was eight miles.

14763.

14770.

Penshurst
Union.

The entire Penshurst Union was committed to the charge of one medical officer, a stranger, introduced by the assistant-commissioner. It was stated, on good authority, that this person "had not a proper supply of drugs, and was generally to be found at a neighbouring beer-shop."† The guardians were soon obliged to dismiss him, but continued, in 1837, to appoint only one officer to the whole union.

Parl.
Returns.

Easthamp-
stead Union.

The Easthampstead Union, containing 7,000 inhabitants, and fourteen miles across, was disposed of by tender to one medical officer. The poor suffered greatly from their increased distance from medical advice, and the difficulty of obtaining it. The former parochial attendants, who had forborne to offer their services from a conviction of the impossibility of properly discharging their duty, were called upon by numbers of the destitute sick for gratuitous aid.

Eastry Union

The Eastry Union, which contains thirty parishes, and a population of 23,685, previously employing ten or eleven medical officers, was divided into five districts, "so contrived that it was hardly possible that any one medical officer could by himself perform the duties of an entire district."

If the system be viewed with regard to particular parishes, the incom-

* Second Annual Report, p. 23.

† Appendix, First Provincial Poor-Law Report.

petency of the guardians to frame arrangements adapted to the wants and convenience of the parties chiefly concerned is no less striking.

For instance, in the Brackley Union, "the poor of King's Sutton, the largest parish in the union, which had always had a resident medical officer, were obliged to send nearly seven miles for medical relief." King's Sutton Parish.
14762.

"In the parish of Dorchester, Wallingford Union, the resident surgeon, who had attended the poor for sixteen years, was supplanted by a lower tender from a medical man, who lived two miles distant; while the parish in which that medical man lived was put in charge of another practitioner, living at a still greater distance." Dorchester Parish.

"In the Tendring Union, the poor of Manningtree, a sea-port town, containing three medical men, were put into the hands of a medical officer residing at Harwich, no less than twelve miles distant." Manningtree Parish.
14763.

The Woodbridge Union was divided into four medical districts,* in the parishes of which ten surgeons had formerly been employed. "One half of Woodbridge, containing 5,000 inhabitants, was placed under a surgeon twelve miles distant," who had at first no regular deputy. Woodbridge.
14763. There were in that town several medical practitioners. The parish of Petistree, in this union, was distant four miles from the district surgeon, though three surgeons resided within one mile of it. One of the consequences of this arrangement was a flagrant case,† (published in 1835), in which three days were lost in fruitless applications for medical attendance, and the patient died early on the fourth day, not having been seen by the surgeon until about thirteen hours before death. Petistree Parish.

In the North Aylesford Union, a medical man not resident in the union was at first appointed to all the fifteen parishes, three of which were four miles distant from him; three, five miles; one, six miles; three, seven miles; one, eight miles; one, nine miles; and one, ten miles.‡ 14763.
Parishes in the North Aylesford Union. None of the resident practitioners would undertake the duties, on account of the inadequate terms proposed by the guardians. So badly did this arrangement, "deliberately formed" by these "most competent judges," turn out, that, in 1837-8, they were obliged to increase the remuneration, and appoint three medical officers, one of whom was, nevertheless, in charge of *nine* parishes, and *ten* miles distant from part of his district.

But the arrangements were by no means always improved by time and experience. For instance, in the Bradfield Union, tenders were annually advertised for. The parishes were at first distributed into four medical districts; and though these were inconveniently large, yet in the second year the guardians increased their size, and reduced their number to *three*, which division was in force in 1838-9. Bradfield Union.
14767.

With reference to this and other instances of progressive deterioration, one of the witnesses was fully justified in remarking, "that the strong 14754.

* In 1837, six medical officers were employed.

† Appendix, First Provincial Poor-Law Report.

‡ Ibid. p. 42; and *Lancet*, No. 638.

remonstrances which have been made may have acted for a time in modifying the evils, but they are liable under altered circumstances to occur again."

Thame
Union.
14763.

The Thame Union afforded another instance of the incompetency of the guardians to form medical districts. This extensive union* was divided into three districts, identical with those of the relieving officer, the area respectively twenty-eight, twenty-two, and thirty-one square miles, the form of each most inconvenient, and the extent of the last seventeen miles in one direction. To attend either of these districts was out of the power of any one surgeon, owing to the nature of the country, and the impracticability of communication. This was strongly urged on the board of guardians by a resident practitioner of eminence, but without effect. The medical officers were therefore compelled to engage deputies from among the neighbouring practitioners to attend to a considerable number of their parishes. Notwithstanding the adoption of this expedient, the poor were still subject to most serious inconvenience.

Subsidiary
arrange-
ments.
Re-letting
Parishes.

§ 29. This practice of "re-letting" parishes to other practitioners had prevailed to a considerable extent, previously to the parliamentary enquiry. In some instances, as in the last, the medical men resorted to it of their own accord, as the only means of performing the duty of the districts to which the guardians had so injudiciously appointed them. Having, as they considered, advantageously disposed of the appointment, the guardians seldom objected to the employment of as many deputies as the medical officers might wish, merely declaring that they should hold him responsible for the duties!

In other cases, under Dr. Kay's management, the guardians themselves superintended the subdivision of the districts.

Objections to
this method.
15278.

The medical witnesses urged the impropriety and absurdity of this plan, and shewed that there was no practical responsibility on the part of the sub-contractors, but that the medical officers alone were made responsible for the actions of those over whom they had no control. It was further insisted, that if one practitioner could not perform the duties of a district, the guardians were bound to appoint an adequate number, and that each gentleman employed in union practice should be *individually* responsible to the authorities.†

14786.

15415.

Dr. Kay's
defence.
5064.

Dr. Kay attempted to defend the appointment of these sub-contractors. "It has been almost universally the rule to permit the medical officers so elected to provide themselves (with the approbation of the board of guardians) with whatever subsidiary assistance, among their professional

* Appendix, First Provincial Poor-Law Report.

† Mr. Ceely having ascertained of the chairman of the Aylesbury board, that the medical officer of the district "would be personally responsible," made this remark to his medical neighbours: "Any of you may appoint me as your substitute, if you please, but I will not employ any of you as my substitute. I do not hold it possible to be responsible for any medical man in his practice, nor for me to hold him under control."

15282.

friends they might deem requisite for the right discharge of their duties ; and that course has been adopted, because it was exceedingly difficult for the boards of guardians, or for the assistant-commissioners, to adapt the districts to the convenience of each medical gentleman in the district, without appearing to make districts for particular medical men ; the fact is, that the board of guardians, upon recommendation from the medical officers after they are elected, immediately re-arrange the districts, and they assume a new form."

5066.

Dr. Kay thus virtually relinquished the district system: for if the parishes were to be apportioned among the resident practitioners according to their convenience, such an arrangement might have been made *in the first instance*, as your Committee have before suggested.

The whole professional body in each union, or a deputation on its behalf, might have assisted the boards of guardians in determining the number of the districts *before* the medical officers were appointed, and the strange anomaly of re-arranging the districts immediately afterwards might have been avoided.

Why then, it may be asked, did Dr. Kay and others advise a distribution requiring such speedy modification? The reason is obvious: large districts were necessary to attract candidates, as well as to give the officer "a motive to retain his contract"! Having attained that primary object, the apportionment of the duties was a secondary affair, which the guardians were ready to leave to others.

1865.

§ 30. Mr. Farr's evidence as to the size of districts, and the distance of parishes from medical advice, is of very great importance; he deduced the following facts from the parliamentary returns. "The Newbury Union is seventy-two square miles in area, the Leighton Buzzard Union is fifty-five square miles. The surgeon appears to reside nearly in the centre of the district, but it is eight miles from his residence in one direction. District 2 of the Oakhampton Union, fifty-four square miles, and the boundary eight miles from the surgeon's residence. In the Northleach Union, the area of two medical districts is 109 square miles; the surgeon resides out of the district: apparently it is eleven miles from his residence to the southern extremity. In Northumberland, the Haltwistle Union, two districts, comprise 108 square miles. In Westmorland, Shapwest-ward comprises ninety-eight square miles; the distance from the surgeon's residence in one direction is nine miles. In York, the Driffield Union* comprises 115 square miles, its population 14,718."

Extent of districts.

Instances.

15703 et seq.

* "At a meeting of the newly-elected board of guardians of the Driffield Union,—the assistant-commissioner, Mr. Revans, in the chair:—Mr. Harrison, the medical officer of the union, stated his inability to continue the arduous duties of his office at the present inadequate salary. He stated to the board, that he had to attend the sick poor of forty-six parishes, extending sixteen miles from his house:—on the days of meeting of the

15707. Mr. Farr also mentioned the immense population of several other districts. For example, the Dover medical district comprised a population of 20,507; the Sevenoaks and Shoreham district a population of 13,735; Leicester Union, district No. 1, 23,954 inhabitants; Bethnal Green Union, divided into three districts, comprised a population of 62,018. Other districts were alluded to, which, though not excessive in population and area, presented serious obstacles to a prompt supply of medical relief. Thus, "in the Ledbury Union, district No. 2, the surgeon appears to reside out of the district. The distance from his residence is eleven miles in one direction, and ten miles in another. So in the Leominster Union, district No. 3, the surgeon resides out of the district, the distance of the boundary from his residence being twelve miles in one direction. In the Hereford Union, district No. 3, the distance is ten miles. In the Broughton Union, Lancashire, it is eleven miles; in the Calton district, twelve miles; in the Clun Union, eleven miles." Several similar instances could be given.

Effects on the
sick poor, and
on their medi-
cal attend-
ants.

1891.
15706.

Mr. Gulson could not understand why *the poor*, in cases of extreme illness, should suffer more from the distance of medical advice than *other* sick persons. The testimony of the medical witnesses would have informed him. "In the first place, they have to send to the relieving officer and to the surgeon, a distance of seven, eight, ten, eleven, or fourteen miles; and after they have sent for the surgeon, they have to send for medicine, or the person has to wait at the surgeon's house until he returns and orders the medicines. . . . If the distance were less considerable, younger children might be sent; but when the distance is so great, of course a grown-up person must be necessarily employed; and that causes a great waste of the labourer's time."* Nor is the injury confined to the poor. "The increase of expense to the surgeon is immense; the difference between visiting patients scattered over a small and a large district must be very great: it would involve the keeping of two or three horses, in addition to the horses which he would require for his private practice. It has a direct tendency to increase the expense of the medical attendance: whether that expense is borne by the surgeon or the guardians, is indifferent; it is an unnecessary expenditure of time and labour which might be otherwise employed."

guardians, he had to remain at the board during the sitting, and to supply all the medicines, for which he received £120 per annum: in the medicines alone he was a loser by the contract, without taking into account the keep and salary of an assistant, and the expenses of an extra horse. After a long discussion, the guardians informed Mr. Harrison that they highly approved of his services, and wished their continuance, but could not increase his salary. On hearing this determination, he immediately resigned, and the board ordered that tenders to supply the poor with medicines should be advertised for."—*Times*, April 2, 1838.

* "Even though the private practice of the medical man carried him through the whole extent of the district, the poor are not able to obtain their medicines without sending a considerable distance for them."—*Mr. Toogood*.

15909, &c.

Mr. Farr afterwards observes, that "it has been said, that making the district large increases the interest of the medical officer in the appointment; but the remuneration can never be sufficient to cover the increase of expense; and no salary that the poor-law guardians could give would be equivalent to the labour, if properly performed, in those large districts."

The consequence of placing so many patients under the surgeon's care is, that "he cannot examine the cases with sufficient care, though he may have the best intentions."*

15718.

"In all cases where sufficient time is not allowed to medical men, (and that time cannot be allowed where the districts are so large, and the cases so numerous), errors innumerable must be committed, and those errors must lead to fatal results in many cases. The remote poor are placed in a comparatively disadvantageous position; the paupers in the immediate vicinity of the medical man have a great advantage over the paupers situated at a distance; and I should not think that the rate-payers intend that the medical relief should be distributed in that irregular manner."

15795.

"Large districts are decidedly subversive of the objects of medical attendance, and calculated to deter many medical men from undertaking the duty at all.† Why should we saddle ourselves with a duty which (from our own experience of parochial employment) we know we cannot perform?"

15444.

§ 31. The poor-law commissioners acknowledged, with regard to their new distribution of parishes, that "the effecting of this object caused some disturbance to the medical practitioners, extending the private practice of some, whilst it curtailed that of others."

Improper disturbance of private practice.

It is fair to ask,—by what authority have the commissioners thus presumed to infringe on the justly acquired rights of individuals; and how can they reconcile this with their previous assertion, that they "had never sought to disturb the medical practitioners in their respective districts?"

They could not have been ignorant that the appointment to new dis-

* If the patients were properly attended to in these large districts, the number of cases which the medical officers would have to visit daily would be immense.

Mr. Farr deduced from the returns, that the number *constantly sick*, and "under the care of the medical officer in Leighton Buzzard, amounted to 100, scattered over an area of 55 square miles; in the Newbury Union to 93. If those persons were seen every other day, the surgeon would have daily to visit 46 patients, scattered over an area of 72 square miles."

15707.

† Mr. Wakley, with his usual acuteness, in the course of Mr. Gulson's examination, suggested a motive which, doubtless, influenced both the guardians in framing extensive districts, and speculating medical officers in accepting them: namely, that there would probably be *fewer* applications for relief from distant parishes. A simpler method of depriving the poor of medical aid, *without the trouble of refusing it*, could not have been devised.

1862, 1870-1.

14865. tricts of established practitioners, who, being previously known in the neighbourhood, could more readily obtain that portion of private practice "which always, more or less, goes with the public appointment, acted as injuriously on the interests of the former parochial attendants, as if strangers had been introduced." And with regard to the interests of the sick paupers, "even where the resident medical men were engaged, this new distribution had the effect of removing the poor of some parishes to a greater distance from medical advice," and depriving the sick of the medical attendants to whom they had been accustomed.
- 14763.

No reliance to be placed on the reports of the guardians.

§ 32. One of the methods adopted by the commissioners to defend the propriety of their arrangements deserves notice in this place. It consisted in eliciting favourable reports from the boards of guardians, and other persons deeply interested in the maintenance of the new system, which are published in a tabular form in the appendix to their second annual report.

Some of these documents were brought forward, by one of the medical witnesses, to prove how little reliance could be placed on the *ex parte* evidence derived from such sources. Your committee would in like manner refer to the unions which have been already described in this report.

See p. 39. For instance, in the North Aylesford Union the guardians reported the medical arrangements as "adequate to the relief of the paupers." In the Wallingford Union they pronounced them as "quite adequate, and equally efficient with the former arrangements." In the Eton Union, "adequate and decidedly better." In the Faversham Union, "quite as adequate and more efficient." In the Hambledon Union, as "adequate and as efficient."

pp. 14, 15, 16. In the Tendring, "adequate." In the Woodbridge, "quite adequate, and quite efficient." In the Aylesbury Union, "adequate and efficient."* And (will it be credited?) the guardians of this union, who were at length compelled to dismiss two of their medical officers for neglect or improper conduct, had the assurance to report, that only two or three complaints were made, which, on investigation, proved to be without foundation!! In the Bridgwater Union, the disgraceful system adopted was described by its authors as being "adequate and more efficient."

It does not appear that the guardians of any one union noticed in this report have ventured to state the real nature and effect of their proceedings; or, if they did, the commissioners have omitted to publish it.

With respect to the Newbury and Shipston Unions, the assistant-commissioner, Mr. Stevens, collected a number of declarations from overseers, guardians, churchwardens, and relieving officers, nay, even from a few of

* If space permitted, and if the description of that union (§ 15) were not a sufficient refutation of the statement of the guardians, cases, occurring in remote parishes, might be detailed, e. g. Haddenham (published in "Times," April 6, 1838), Hawridge, &c., which would convince the most sceptical.

the clergy,* in favour of the efficiency of their arrangements for medical relief.

From the first of these unions your committee are able to state, on good authority, that a far greater number of attestations to the inefficiency and inhumanity of those arrangements might be obtained, by an impartial appeal to the more independent portion of the inhabitants. In the second, the guardians have themselves practically invalidated their statements by an entire change of system.

If these bold and unscrupulous statements, made by the friends of the commissioners, are to stand as evidence, that enormous medical districts are not incompatible with efficient attendance on the sick poor, why have not such districts been universally adhered to? Why did the parliamentary committee report that "the size of the medical districts is in many instances inconveniently large," and that they should be reduced, "so as to admit an easy access of the medical man to his patients?" And why do the commissioners now profess their readiness to reduce the extent of these districts?

Opinion
of the Par-
liamentary
Committee.

It is scarcely necessary for your committee here to observe, that there is no system, however indefensible in principle and injurious in tendency, which will not find advocates and even agents among those who, from the trammels of self-interest, either cannot perceive or will not avow the evil so conspicuous to every one else.

§ 33. Mr. Gulson recommended, in agricultural localities, that the medical districts should extend about five miles all round the medical officer (the diameter being thus ten miles, and the area more than sixty square miles). He also argued that "small districts do not give the medical officer sufficient motive properly to attend to them; that private practice would in such cases be the most important part of his consideration," and that the pecuniary amount of the contract would be an inducement to attend sedulously to the poor;—"that, if a medical man has a large contract, it is much better worth his while, I conceive, to attend properly to the poor, than when he has so small a contract as to be beneath his notice."

Mr. Gulson's
arguments
for large dis-
tricts.
1889.
1774-80.

These considerations, apart from others, might have some weight; but if the amount of the contract be made the chief motive for efficient attendance on the poor, it is clear that the contractor ought to be fully remunerated by his contract, without looking to private practice as the main source of subsistence. Mr. Gulson and his colleagues were, however, quite unprepared to draw this just and obvious conclusion from their argument, not foreseeing that, when the contractor for a large district has obtained the

* Mr. Gulson stated, "I have also inquired of a great number of *clergymen*, and I have never heard any complaint from the poor themselves." Would the unhappy paupers have dared to tell their complaints to an assistant-commissioner, or even to his clerical friends?

private practice without which he cannot maintain his position, the poor will again become a secondary object of consideration.

Leighton
Buzzard
Union.

15404.

The guardians of the Leighton Buzzard Union endeavoured to obviate the difficulties arising out of the connexion of private and union practice, by confining their medical officer to the duties of his appointment, and prohibiting him from other engagements. They provided him with apartments in the workhouse, and paid him about £200 per annum, for which he furnished medicines. The guardians considered that they should thus secure his whole time and attention to his official duties, and protect the practice of the resident practitioners. However, after the medical officer had held office for two years, *he resigned it, in order to obtain private practice*, but soon afterwards left the place, suffering from a combination of disappointment and ill health.*

15408.

It is clear, therefore, that no attempt to sever parochial from other practice could succeed, except by binding the medical officers "under a penalty not to practise then or subsequently in the neighbourhood."

14886.

Your Committee cannot recommend such an arrangement; for even if it protected professional interests, which is extremely doubtful, it would deprive the poor of the advantages resulting from the connexion of parochial with private practice, and from the proximity of medical advice.

Advantage of
small dis-
tricts.

The commissioners overlooked the motives which might induce a medical man with a small district to attend the poor,—a district which could be conveniently and thoroughly attended in connexion with profitable private practice. The medical witnesses thus describe them:—"The inducements which a medical man has to perform his duty in a small district, and *under the notice of his most influential patients*," where his character and reputation are deeply at stake, are stronger than those afforded by a large and *non-remunerative* contract, which cannot be connected to any extent with private practice. "The medical attendant upon the poor being also the attendant upon the rich, has it in his power frequently to assist the sick poor from private resources: the rich are ready to inquire of him what can be done for the poor."

14775.

15396.

"It is desirable for a person who is practising amongst the higher classes to be aware of the epidemics that prevail amongst the poor; it is valuable to the poor, useful to himself, and advantageous to the community."

15441.

"It is often extremely harassing to the medical man to observe the destitution which the labouring classes suffer under disease: a small extent of parochial practice is abundantly sufficient for every humane man upon these grounds."

15382.

§ 34. Some of the assistant-commissioners appear to have acted on

* See remarks on this Union by "An old Navy Surgeon,"—*Med. Gaz.* vol. 19, p. 205.

principles diametrically opposite to those adopted by Mr. Gulson, and sanctioned by the central board. For example, Mr. Power said: "The course which I pursued was to have the services of all the gentlemen eligible for that purpose whom we could meet with in the district,—that the poor should not be confined to one, or two, or three, or four parties in the union, but that every medical man should, if he thought proper, take a portion of the business." And with reference to one of the large districts, formed by another commissioner, he remarked, "I would say, without hesitation, that was not the state of things I could look upon with satisfaction by any means. I do not think there are any unions in my former district where a medical officer resides at more than three or four miles from any point of his district."

Mr. Power's
objections
to the dis-
trict system.
4283.

4284.

4289.

Dr. Kay endeavoured to reconcile the discrepancy in the proceedings and evidence of his two colleagues. He admitted with Mr. Gulson, "that the medical officer's interest in his duties should be increased by the amount of income he receives, which, (he said), *is a consideration which ought not to be lost sight of.*" But in order to secure a reduction in the size of districts, without entirely sacrificing this advantage, he recommended the imperfect subsidiary arrangements which have been already noticed.

Dr. Kay's
opinions.

5094.

The size of Dr. Kay's districts, thus modified, was certainly below the general average. In Suffolk, his average was sixteen and a half square miles; in Norfolk, twenty and a quarter square miles. Still, from the table which he had (very properly) prepared, containing the size and population of each medical district, there appeared to be several of a very indefensible extent: for instance,—

5082.

Docking,	No. 1	Area 44 sq. m.	Population	5,821
Erpingham,	„ 6	„ 40 „	„	6,751
Walsingham,	„	„ 44 „	„	6,741
Cosford	„ 4	„ 27 „	„	5,609
Ditto	„ 5	„ 29 „	„	5,743
Hoxne,	„ 7	„ 37 „	„	8,099
Wangford	„ 1	„ 30 „	„	6,581
Ditto,	„ 2	„ 24 „	„	6,500

Instances of
too large
medical dis-
tricts in Nor-
folk and Suf-
folk.

The districts in the Blofield, Hartismere, and Sudbury Unions were equally objectionable, both as to size and population.

Dr. Kay said, "There are particular districts, in Norfolk especially, where there are wide waste tracks of barren land that very much interfere with the apportionment of proper districts."

"In those unions upon the marsh, fen, and barren lands, there are very few inhabitants, and of course the medical district is on that account rendered more extensive than it otherwise would be."

One would suppose, therefore, that such districts would contain a smaller population than others. Yet Dr. Kay's table contradicts the

5082.

tenor of his evidence. For it appears that in the Downham Union, a district of forty-four square miles, “marsh and waste,” contained also no fewer than 6,042 inhabitants; and another district of forty-two square miles, 4,059 inhabitants. Again, in Swaffham, a district containing fifty-one square miles, and “very extensive commons and wastes,” had 4,012 inhabitants; and, worst of all, in the same union, *and under the same circumstances*, appears an enormous district, containing fifteen parishes, fifty-seven square miles, and 6,325 inhabitants!! In districts necessarily extensive from the nature of the country, a population of 2,000 or 3,000 should be the maximum.

15172.
15003.

5090.

Dr. Kay expressed his fear lest the formation of small and convenient districts should lead to *favouritism* and to an *undue consideration of the interests of individuals*. All which might, of course, be prevented (as before suggested) by affording the medical practitioners of the union an opportunity, before the appointments were made, of expressing their opinion collectively as to the distribution of parishes.

But Dr. Kay overlooked the fact that large districts inevitably lead to favouritism, of which a remarkable case has already been detailed in the Shipston Union, and similar instances may be seen in the published accounts of the Eastry* and Tonbridge† Unions.

The guardians have always been disposed to “favour” the medical officer whom they have appointed to an extensive district, in opposition to the wishes and remonstrances of the profession.

§ 35. One of the results of the increased extent of districts, viz., a reduction in the number of practitioners employed, was pointed out to the parliamentary committee. To the unions there mentioned your Committee add a few others in the subjoined table, which shews a reduction, on the whole, of seventy-one per cent. on the formation of the unions.

Reduction in
the number
of medical
officers.
14783,

This table includes all from which the returns made to your Committee were duly filled up. It will be seen that an increase has since occurred in some of the unions, and perhaps in a very few others, as there are five or six from which no recent information has been received.

* Appendix, p. 53. First Prov. Poor-Law Report.

† Ibid. p. 75.

UNION.		Number of Practitioners. Old System.	Number of Practitioners. New System.	Number of Practitioners added in 1838, 1839, & 1840.
1	Lincoln	16	3	6
2	Bridgwater	16	7	1
3	Aylesbury	16	3	3
4	Epping	11	8	
5	Eton	8	3	
6	Faversham	8	1	5
7	Hambleton	7	1	1
8	Newbury	12	1	
9	Ongar	10	4	
10	Shipston	10	2	2
11	Wheatenhurst	5	1	1
12	Banbury	15	3	6
13	Penshurst	3?	1	
14	Cookham §	8	2	
15	Stow §	9	3	9
16	Easthampstead	3?	1	1
17	Tonbridge, two districts §	5	1	
18	Eastry	10	5	1
19	Windsor, one district § .	4	1	
20	Witney, one district § .	8	2	
21	Woodbridge	10	4	2
		194	56	39

In fairness, however, Dr. Kay's evidence should be produced to shew, that, in his districts, a majority of the established medical practitioners, "most respectable medical gentlemen," had accepted appointments, though many of them merely as subsidiaries. He, nevertheless, admitted that there were particular instances in which he "very much wished that the arrangements were better."*

5086.

5112.

§ Appendix, First Prov: Poor-Law Report.

* He states, that, in Norfolk and Suffolk, the number of medical practitioners employed in the unions is 169; the number duly qualified and resident 222. Now, at first sight it would appear from these figures, that so large a proportion as 70 per cent. of the resident practitioners were employed, but his subsequent facts correct his own statement.

5086,

The number of resident medical officers is stated to be 127; the number of non-resident, (attending adjacent parishes), 42. Now, it is more than probable that many of these 42 non-residents were also medical officers in the union in which they resided, and are therefore included in the 127, which number doubtless represents more nearly the actual number employed.

This supposition is corroborated by Dr. Kay's statement, that 95 (78 and 17), out of the resident 222 are *not* medical officers, and, therefore, that 127 is the total number employed. The number 169 cannot be satisfactorily explained.

There is also reason to believe, that Dr. Kay has considerably underrated the number of qualified resident practitioners. For, on calculating the total population of the unions,

Supervision
of medical
officers by
guardians
ineffective
and offensive.

§ 36. In a former section your Committee have observed, that one of the principal evils of the old system of parochial medical relief was the want of efficient supervision and control of the medical practitioners employed to attend the poor.

On the introduction of the new poor-law, the commissioners endeavoured to supply this defect, by requiring weekly returns of the diseases affecting the paupers, of the attendance of the medical officers, and even periodical reports of the treatment of cases.

In providing this check, the commissioners might have been actuated by praiseworthy motives; but unquestionably the mode of securing compliance with their instructions was both ineffective and offensive: *ineffective*, because neither the commissioners nor the guardians were competent to decide whether a sufficient amount of medical attendance had been afforded in any given case; and *offensive*, inasmuch as “highly qualified practitioners could not feel satisfied in submitting their practice to the judgment of non-professional persons;” whilst the weekly attendances at the board, required of the medical officers, were felt to be derogatory, unnecessary, and incompatible with regular professional engagements.* Mr. Gulson, indeed, asserted that the weekly reports were “a great security to the poor.” But when asked, who in the board of guardians was capable of determining whether the requisite medicines and attendance had been supplied, he answered, “that must be left to the medical man himself.” So much for the value of this kind of security and control.

Real use of
the weekly
reports.
15427.
14919.

The medical witnesses did not deny the utility of these returns to a certain extent. The cases being brought in weekly review before the medical officer, would serve to impress on his mind the importance of his engagement,—remind him of the necessity of due attention to his patients,—and furnish a register, from which might be estimated the amount of duty which he had performed in the year. The reports were also admitted to be valuable to the sick poor, as containing, together with a medical statement of their condition, recommendations for meat, broth, brandy, &c., according to the requirements of each case. No

which, according to his table, contain 203 practitioners, (the other 19 residing in “incorporations,” the population of which is not stated by the commissioners) it appears that the proportion of medical men to the inhabitants is as 1 to 2100; which, it is unnecessary to say, is considerably below the proportion of medical men in the country at large, and can only be accounted for, on the supposition of the boards of guardians having made inaccurate returns.

* Dr. Yelloly mentions, that the guardians of a union in Norfolk, in order to secure the attendance of a medical officer, stipulated “that he must attend at the workhouse” (four miles from his residence) “one hour regularly every day, whether there is any duty requiring such frequent attendance or not.” How could the thralldom and want of confidence evinced by any such stipulations be favourable to the interests of the sick poor? The guardians of the Bradfield Union, who have annually advertised for tenders, required “*security* to be given for performance of contract:” a shrewd method, truly, of insuring attention to the duties of the office!

excuse would therefore be left for an inadequate supply of aliment. But, as a means of controlling the medical officer, their inefficacy was sufficiently proved. If he were not a person of known integrity and humanity, and if, at the same time, he were dissatisfied with his stipend, "no amount of vigilance which might be exercised in examining into the discharge of his duties could have the effect of making him render full justice to his patients." . . . "It is possible ostensibly to perform the duties, and really to neglect them."

15423.

The recommendations of the medical officers with regard to the diet of the sick, although generally complied with, soon began to excite alarm in the minds of economical guardians. The gentlemen, who imagined themselves competent to decide on the amount of attendance required in illness, would not feel at a loss in determining the propriety of "full diet." Occasionally, however, they were in a dilemma, as appears from a case suggested by the chairman of the committee. There might be two districts in a union, "the climate, circumstances, state of health, &c. being the same," in which the medical officers "might differ widely in their dietetic directions." One might be a follower of Brown, the other of Broussais, and the guardians, in the exercise of their authority, would feel it incumbent on them to pronounce judgment between the parties. The decision would of course prove any thing but satisfactory, especially to the Brunonian. Dr. Kay, in reply, advised that the guardians should avoid any direct interference with individual cases, but merely summon the medical delinquent before them, and give him a "general admonition." The case of a refractory medical officer was next supposed, and here Dr. Kay could suggest no remedy but dispensing with his services "at the end of his annual engagement." Then, again, the chairman of the committee was anxious to know what should be done if there were no other resident medical practitioner competent to undertake the care of the union, or disposed to obey the wishes of the guardians relative to the diet of the sick. Dr. Kay could see no other alternative than to import a medical man from London or some distant district, "though the necessity for such a step would be regarded as a misfortune."

Dietetic directions of the medical officers.

5139.

5145.

This part of the evidence suggests several important queries; for instance—Should the medical officer be compelled, under pain of dismissal, to adapt his mode of practice to the opinions of his unprofessional employers? Should his inadequate remuneration expose him to the suspicion of ordering meat and beer, instead of expensive tonics and stimulants? On the other hand, should the guardians be compelled to furnish the precise amount of diet which any medical officer might see fit to prescribe? Should the latter, in fact, be constituted the *absolute* dispenser of parochial relief to the sick? To answer these questions with due consideration of the interests both of the rate-payers and the paupers, requires a calmer and more unprejudiced deliberation than

5154

could be expected under the present unsatisfactory relations between the medical profession and the poor-law authorities.

Defenceless
position of
the medical
officers.

The superintendence of professional duties by the commissioners and guardians has led to many acts of gross injustice towards the medical officers. Dissatisfaction with the union surgeon may have arisen on most insufficient ground; yet, if the guardians have been determined to visit him with their displeasure, the commissioners have seldom, if ever, refused to confirm his dismissal. Mr. Gulson was candid on this point: "The interests of the commissioners and the interests of the board of guardians are directly *one and the same*; and the commissioners would *instantly* accede to the dismissal of an officer when the board of guardians desire it; because I give the board of guardians (in making that application) credit for not wishing the dismissal of an officer, except on good reasons." The medical officer would stand but a poor chance against so powerful a combination; nor have the authorities at any time been slow to visit upon the medical contractors the frightful results of their own delinquencies.*

1814.

Their tenure
of office.

§ 37. The tenure of office by annual contract was more than once mentioned during the medical inquiry, as tending to diminish the value of union appointments in the estimation of respectable practitioners, and to discourage a zealous performance of duty. It was likewise shewn to be irreconcilable with the principle so generally admitted, that a public officer should continue to hold his appointment "*quamdiu se bene gesserit*." Even Dr. Kay, in apparent forgetfulness of these considerations, suggested that workhouse appointments, "being deemed desirable by the profession," might be held *in rotation* by several medical gentlemen during the year. But there appeared to the Committee no sound reasons for depriving the poor of a medical attendant who had obtained their confidence, and had properly fulfilled his duties.

The commissioners, however, did not always recommend the annual termination of medical contracts. "When the guardians had tried the medical man," whom they introduced by tender, "and found that he was doing his duty satisfactorily, both to the poor and the other parties concerned,—that man," said Mr. Gulson, "ought to have a decided preference as to the continuance of his contract, and evil would ensue from making a change."

1730.

The proceedings of the commissioners on this, as on other points, were vacillating and inconsistent. In April 1836, Mr. Secretary Chadwick, in reply to an inquiry of Mr. Wetherhead (a candidate for a medical office in the Strand Union) stated, "by order of the board," that the appointments of paid officers are *not* annual, but during good behaviour, &c.† The same official personage, in April 1837, informed Dr. Webster,

* See cases at St. Albans, Bromyard, &c. in the First Prov. Poor-Law Report.

† Med. Gaz. vol. xx. p. 367.

also "by order of the board," that the appointments of medical officers are annual*. Is it not clear, therefore, that there existed no regulation on the subject but the mere caprice of the commissioners at the moment? The principle of permanent appointments, so obviously just, was, in practice, confined to the protégés of the commissioners.† It was not applied to the established practitioners, whom these commissioners found "doing their duty satisfactorily both to the poor and to all parties concerned."

Your Committee have thus alluded to the principal circumstances tending to diminish the value and utility of medical appointments under the poor-law.

The probable results are thus stated by Mr. Farr. "If medical men attached to parochial offices feel themselves oppressed or degraded, this will drive away all but men of desperate fortunes, without any other resources. I think cheap services may be obtained, by making the service honourable, agreeable, or indirectly profitable."

15794.

§ 38. Your Committee now proceed to consider the principle on which the poor-law authorities endeavoured to define the class of persons to be provided with medical relief, and to direct the discretionary power of the guardians as to the bestowal of such relief. Their main object appears to have been gradually to restrict the administration of medical relief within the same limits as relief in money or kind.‡ In order to effect this, they found it necessary to induce or compel that numerous body of semi-paupers, which had been long accustomed to the former species of relief, "to provide it for themselves."

Persons entitled to medical relief.

Besides the many *indirect* means adopted to attain this end, such as districts of large size, medical officers previously unknown in the locality, and inadequate remuneration, already noticed, there were some of a *direct* kind, the first of which, and the simplest, was the restriction of medical relief to a smaller number, by refusing "orders." Mr. Gulson admitted that, in the pauperised districts, "not one-half of the people were attended that used to be."

Fewer orders granted.

1715,

In many unions the disposition to deny relief was favoured by the adoption of a payment per case; a mode of remuneration which made it the interest of the parish authorities, and the duty of the relieving officers, not to grant orders for medical attendance, if they could avoid it.

* Med. Gaz. vol. xx, p. 330.

† The cause of this favouritism was thus stated by one of the medical witnesses—"I imagine that a kindly feeling and sense of mutual obligation has risen up between the guardians and the stranger, by whose means they have been enabled to obtain their economical object; and those feelings influence the guardians to retain the stranger in his union appointment, though the plea on which he was introduced is relinquished. I have heard a guardian say, 'We do not like to abandon a gentleman who has helped us out of our difficulties.'"

14844.

‡ Their circular of March 1836 contains the following passage: "There is *danger* that when relief in money or in kind shall have ceased in a district, relief in medicine may still prevail, and that the habits of dependence on parochial aid may thus be continued."

As may be supposed, the consequences of such a system were frequently serious, and even fatal. They were only partially and occasionally mitigated by the inclination of the poor to seek gratuitous aid, and the humane readiness of the profession to bestow it.

Many of the sick poor were therefore left to the natural progress of disease. Yet Mr. Gulson did not hesitate to assert, that the authorities exercised their discretion with regard to medical relief "humanely and very liberally." How is this to be reconciled with his admission just quoted? Even were it expedient to refuse *one-half* of the former recipients that assistance to which they had been accustomed, most certainly it was neither "liberal" nor "humane."

More almoners, but less alms.

The obvious intention of the poor-law authorities being to diminish the supply of medical aid, it is not surprising that the parochial officers, who had the power of ordering such relief absolutely under the old law, were unwilling and afraid, though nominally empowered to grant it under the new law. They were, in fact, checked and controlled in the exercise of their discretion, and subject to pecuniary risk. And although, when they understood their duties better, the inconvenience was partly remedied, and greater facility afforded than at first, they were yet obliged to bear in mind the principle adopted by the commissioners and guardians. When, therefore, Mr. Gulson attempted to shew that the poor are "better off" under the provisions of the new law, because they are allowed to apply for medical relief to "a greater number of officers," (the guardians and relieving officers, in addition to the parties formerly employed to grant it), he overlooked the preceding considerations, no less than the fact, resting on his own authority, that "*one-half*" of the former recipients were refused relief.

Professional charity relied on.

The readiness of the medical men to grant gratuitous assistance was counted on to meet the diminution of the parochial supply, by those who were bound duly to provide for the necessities of the sick poor. Thus the public came at last to claim that as a right, which the profession had long granted as a favour. For instance, the chairman asked an assistant-commissioner, "Do not you think that the refusal to attend a poor man without an order" (and therefore without security for payment) "would be most discreditable to the medical officer?"

43

So that the shameful dilatoriness of the officials entrusted with the supply of orders was to find its remedy in the disinterested promptitude of the medical officer to grant relief at his own risk! The association cannot be too often reminded that, on this principle, any practitioner is liable to the charge of inhumanity for a refusal to perform unremunerated services.

4552.

Nothing could justify so extensive a claim on any portion of the community, unless indeed that portion were maintained by the State for the benefit of the whole population. Now the State has never made a public

provision for the medical profession, and therefore its members are under no obligation to sacrifice themselves for the public good.

In some unions, orders were given more liberally: that is, wherever the contract was at a fixed sum, and where any increase in the number of orders was not followed by a proportionate addition to the salary.*

Number of
orders de-
pendent on
mode of re-
muneration.
14933 15378.

It was remarked by one of the medical witnesses, that "where a fixed salary is adopted, the orders are given so freely that a proper discretion is not used with regard to the circumstances of the parties who receive them."

14931.

This had been the case under the former law. Mr. Power thus described it:—"the salary being a fixed amount, and the liability of a medical man being indefinite by that contract, there was a tendency, on the part both of the rate-payers and the poor, to extend the liabilities: the poor considered that there was a fixed sum to be paid for the relief of the poor, and that it would cost the parish nothing to obtain an order upon a medical man; and the rate-payers regarded it in the same point of view. The old contract was definite with respect to the salary of the medical man, but indefinite with regard to his liability of being called upon to attend under that contract."

4181.

4260.

The whole burden of this liability fell, therefore, not upon those whose duty it was to bear it, but upon the medical officers.

In attributing motives to the medical profession, for apparently acquiescing in so unjust an arrangement, Mr. Power and the central board forgot the most obvious: viz. a humane reluctance to dismiss the suffering applicants without such assistance as it was in their power to bestow.†

4181.

§ 39. The next *direct* method which the commissioners recommended, MEDICAL CLUBS. to induce the poor to provide themselves with medical attendance, was the establishment of medical clubs. It was evident that the labouring classes could not pay the ordinary price for advice and medicines. "The

* Mr. Farr stated the following remarkable fact:—"Half the pauper population of the county of Devon appears to be attended on the per case system; in the other half, the medical officers are paid by fixed salaries.

"In the unions where the salaries are fixed, sixty-eight cases, out of a population of 1000, are annually attended by the parochial surgeon: where the payment is per case, the proportion is fifty in the 1000."

15774.

† Mr. Farr's evidence again deserves quotation.

15787.

"It should be borne in mind, that the great mass of the labouring population have been led to expect a public provision of medical advice, and that it should therefore be withdrawn very gradually, or not withdrawn at all: it is a heavy expense, occurring when the labourer is producing nothing, and when he is suffering, and is an object of pity. It cannot lead to the same abuse as relief in aid of wages, or as relief afforded when the labourer is out of work. No one, with a human heart, can deny relief to the sick; medical men cannot. If a poor man came to a medical man, and he was conscious that that poor man could never pay him, the medical man must go to him, if it were a case of emergency; such being the case, I think the public should provide that man with medical relief, and that he should not be thrown entirely upon the charity of the medical profession."

1839. obtaining medical relief, independently of the parish, is a very serious matter to a labouring man," said Mr. Gulson. "Even if it were afforded *by loan*, at the usual rate, the difficulty would be but little diminished."
1876. "Suppose," inquired the chairman, "the amount of medical attendance should be £5 or £6, what happens in such a case with regard to the recovery of the money?"

Attempt to
reduce the
price of
medical
attendance.

"I should advise (replied Mr. G.) the board of guardians to apply to the magistrates to recover just that portion of the £5 or £6, which in their opinion the pauper could fairly pay; and that would go to the medical man, and free the patient from being a pauper;" that is—*free him from his just obligations* in order to relieve the parish! Whatever might be thought of the honesty of this mode of paying debts, its impracticability must soon have become apparent. The commissioners therefore resolved to reduce the price of this benefit for the working classes, but found that no such reduction as was necessary for their object could be effected, with the consent and approbation of the profession in general. They soon, however, devised the means of overcoming this obstacle. By making the establishment of a club one of the conditions of a medical contract;* by determining the rate of remuneration in that club; and by threatening to appoint a stranger in the event of objections, they succeeded, in some places, for a time in carrying their point.

4211.

Attempt to
enforce the
compliance of
e-stablished
practitioners.

It signified little whether the guardians absolutely determined the rate of subscription from the poor contributors, as Mr. Power requested them to do, in his circular of February, 1836,† or whether they only "stood in the place of *one* of the parties contracting," according to his subsequent explanation, because, even in the latter case, they were advised to "fix" the sum that was "to be offered," and, if it were refused by the medical practitioners, "recourse must be had to the system of contract by open tender." And what was this but an attempt to coerce the established practitioners, by requiring them, *under the penalty of competition from a distance*, to attend parties, *not* under the control and management of the guardians, on terms of their dictation?‡

The commissioners, on several occasions, have recommended this arbitrary proceeding. For instance, at Ely, a proposition was made to the medical gentlemen to adopt the club system: *via.* 5*s.* for man and wife; 3*s.* for a single person; and 9*d.* for every child per annum. The resi-

* This condition was frequently expressed in advertisements for medical officers—e. g. in the Bradfield Union.

† Second Annual Report, p. 272.

‡ Mr. Gulson would not allow that it could be called coercion to "hold out to a man a certain bargain upon certain conditions, and leave him to accept it or not as he pleases." But Mr. G. could not have been ignorant, that the rejection of the guardian's offer might prove so injurious to the medical practitioner, that he might feel himself *compelled* to accept them, as the lesser of two evils.

1916.

dent practitioners resisted the proposition. Colonel Wade, the assistant-commissioner, conceiving that they might be intimidated into compliance, proposed "to send down a young man from town" This threat having failed in its intended effect, he next informed the board of guardians, that, if he sent a stranger, "they must be prepared to give more liberal terms than had been offered to their old medical officers!!"* In the Camberwell Union, also, Dr. Webster and another gentleman were dismissed for refusing to establish these clubs.†

Even supposing, for the sake of argument, that the working classes would benefit by the institution of medical clubs, your Committee do not hesitate to deny the right of the guardians to interfere in their formation, or in any manner to attempt to *force* them on the profession.

It appears that the guardians hoped to secure a twofold advantage from the establishment of a medical club: first, by admitting a class of poor subscribers, they might get rid of a number of applicants for medical relief; and secondly, by annexing the independent club to the pauper contract, they might increase the importance of the appointment, and reduce the terms of the contract. The working of the system, in its most obnoxious form, is well shewn by Mr. Power's evidence:—"In the parish of Kirtling, the doctor's salary, including every thing, was formerly £15 per annum.‡ The union now only pays him £5, i. e. 2s. per head for fifty individuals on the permanent sick list; but there are eighty families, subscribers to the independent club, which, at 4s. per family, adds £16 to the medical officer's stipend: *he* therefore gains £6 by the alteration, and *the parish* £10. There are other parishes where the plan succeeds equally well for all parties; and I observe that in those parishes *where the medical officers are ill paid*, either no pains have been taken by the guardians and parish authorities to form independent sick clubs, or the poor have themselves formed them, and appointed the doctors to whom they had hitherto been accustomed, instead of the medical officers of the districts, who may happen to be most popular. *This latter practice is certainly some drawback to the means of remunerating the*

The guardians considered the "Club" as part of the medical contract.

4223.

1924.

* Even self-supporting dispensaries have advertised for "new men," when the resident practitioners declined any connexion with these institutions.

† This circumstance probably led to the excellent remarks now quoted from the report of the British Medical Association. "Hitherto the poor-law commissioners, in their medical arrangements, had only contemplated the objects under their own authority, viz. paupers; but as if to complete the degradation of the profession, which had been previously begun, the plans and remuneration, which were disgraceful, even when applied to paupers, were to be extended to all the classes included between them and the middle ranks of society. Mechanics, artisans, handierafsmen, domestic servants, and independent labourers, were invited, entreated, and almost compelled (for the wishes of the rich and powerful are too frequently laws to the poor) to join the poor-law (or, as they are named, the 'independent') medical clubs."—"Lancet," 1837-8, p. 751.

‡ Not including suspended orders.

medical officers of the union. The boards of guardians can, and of course do, recommend *their own* officers to the independent clubs; but beyond that, it would be very impolitic to interfere."

The poor subscribers not independent.

4194.

The guardians thus endeavoured to apply the contributions of the "independent" poor to the payment of the union medical officer, who was required, by his contract, to furnish medical relief to the contributors. Yet did the commissioners describe it, as an effort of the poor "to provide, *out of their own resources*, good medical attendance in case of sickness."

4280.

These "resources" were evidently *not* "their own;"—"the actual means of obtaining medical relief do not come from the poor," when a certain system, to which they are virtually compelled to contribute, is forced upon their medical attendants.

The small sum, paid periodically by the "independent" members, was not the price of medical advice, but *a sort of composition*, which exempted them from the serious delay and annoyance of seeking an order from the relieving or parish officer, to which the other paupers were subjected. Their real dependence on the guardians and on the medical profession continued as before; "they were obviously still *paupers*, as every one must be who is dependent for assistance on the expressed or implied condition of a parish contract."

Dr. Kay's objections to the guardians' interference.

5102.
5103.
5108.

5104.

§ 40. The interference of boards of guardians in the establishment of medical clubs was opposed by Dr. Kay, who interposed his authority in two instances to prevent it, and "always advised that the contrary course should be pursued." He strongly objected to making the appointment to a medical club a condition with the medical practitioners before becoming an officer of the union. So jealous of interference with these institutions did he appear, that he would not even institute minute inquiries with regard to their progress, and "only in cases in which information had been volunteered" to him was he able to furnish it to the Committee. "I believe," said Dr. Kay, "I have no more right to inquire into such arrangements generally, than into the private business of a medical officer." Some of his colleagues must have felt the force of this indirect reproof; Mr. Power, for example, who requested information on this point from every union in his district.*

Instances have come to the knowledge of your Committee, in which the relieving officers were instructed to obtain returns of the number of members and the amount of subscriptions, which might afford data for the reduction of the next year's pauper contracts.†

Mr. Power's defence.

Mr. Power defended the interference of the guardians, on the ground that the club embraced a class which would otherwise have fallen upon

* Second Annual Report, p. 24, et seq.

† Medical Relief for the Labouring Classes. Parker, London, 1837.

the parish for medical relief; in his own words, "those whom, under the usual contract, the medical man would be held liable to attend in ease of sickness. Beyond this class, it did not appear to be the proper province of the guardians to interfere, &c." He therefore thought that, by establishing a club, he was "opening a means for the independent labourers to retire from pauperism, as regards medical relief." Mr. Power seems to have overlooked the fact that it is impossible to "retire from pauperism," whilst under the control and protection of the guardians. This probably induced him to recommend the union of a pauper schedule with an independent schedule, in the same club, to be attended by the same medical officer, at the same rate of subscription, and to be managed by the same parties.*

See his
Report 1836.

4302.

Your Committee have received satisfactory information that this form of medical club is now almost abandoned. The poor members perceiving no particular advantage in paying to be entered on *one* of the schedules, have for the most part practically acknowledged their dependent condition, by seeking admission into the *other* schedule, or have trusted to the humanity of the guardians for a supply of medical relief in the event of sickness. In a few instances the "independent" schedule has been detached from the parish contract, and, deprived of the guardians' parental support, drags on a wasting existence as a labourers' club.

Failure of
his scheme.

The central board did not adopt Mr. Power's peculiar scheme, but strenuously urged the guardians to establish "independent" clubs. In February, 1836, they issued a circular, in which they "expressed their earnest hope, that, collectively and individually, the guardians would give all the aid in their power to the establishment of self-supporting medical clubs." And Mr. Gulson, whose conformity of opinion with his superiors was as remarkable as the difference of his practice from that of his colleagues, stated, "I decidedly endeavour to get the boards of guardians to establish medical clubs."

Commission-
ers' circular
on medical
clubs.

1742.

Dr. Kay therefore spoke only of his own district, when he said that the boards of guardians had not "prescribed any set of rules, or the terms to be adopted in any club;" for both the commissioners, in the circular just referred to, and Mr. Power, in his instructional letter, *did* prescribe terms. The former proposed, as the minimum contribution, 3s. per annum for a single person; 4s. for a man and his wife; 1s. 6d. for the first child, and 9d. each for the other children. The aged and infirm parents, and the idiots and cripples of every age, were to be paid for as children. Mr. Power, likewise, recommended the same scale, with this difference, that each child was only to incur a payment of 6d. per annum, and every person in the same family, above the age of sixteen,

5107.

Terms
proposed.

* The guardians even undertook to secure the admission of the poor, *when sick*, into the "Independent Club," by advancing the fine for them as a loan!!

2s. per annum. The average contribution per head in large families would thus vary from 1s. 2d. to 1s. 6d. The infirm and the helpless were insured at a lower premium than the able-bodied and healthy. The greater the liability to sickness, the smaller was the contribution. A man with a large and sickly family subscribed per head less than half, or one third, of the sum paid by the healthy labourer, who was thus made to contribute indirectly to his neighbour's relief.

Now what is this, in principle, but a continuance of the much deprecated allowance system? and what, in practice, but a transfer of the burden of large families, and of the sick and infirm, from the poor-rates to the medical profession? Dr. Kay, doubtless, saw the drift of the plan, when he gave the following opinion to the commissioners :*—" I cannot deem it desirable that, by too low a rate of payment, one kind of assistance should be substituted for another, and that the dependence of the poor should be thus disguised."

The most favourable specimens of the remuneration afforded by medical clubs have now been produced. In many, the children, above a certain number, were admitted without any payment; in others, only one penny per week was required for a man, his wife, and his whole family, under sixteen years of age!† The result of such a system, as it respects the medical treatment of the poor, must be fearful. The medical officer must be constantly contriving how to attend the club patients at the least possible sacrifice of time, exertion, and expense.

General
objections to
medical
clubs.

The subscribers to these clubs (except, perhaps, under Mr. Power's arrangement), have not even the trifling advantage of the superintendence of the guardians, which the other paupers possess.

15065.

The principle of the clubs is that of " a contract between the poor and a medical person, without any one to protect them. The amount of duty performed, and the cost of medicines furnished, are never made known; the medical officer is the irresponsible receiver of the payments of the poor. The results of this plan therefore, with regard to the treatment of disease and the rate of medical remuneration, are concealed. If the surgeon be humane and honest, he would probably consider it derogatory to his professional standing to acknowledge the ridiculously small sum received for his visits and medicines; if his character be of an opposite description, he would of course refuse to divulge the injustice and neglect which in many instances his patients had endured."

* Appendix to Second Annual Report.

† Mr. Gulson states in a recent report from Oxfordshire: " Medical clubs are starting up in all directions. The proceedings of the board, as regards the medical department, have already been productive of the best results. Highly-respectable (?) medical men are undertaking to attend all cases for an annual subscription of 2s. for a single person: and for 4s. 4d. they engaged to attend a whole family, however large, so that it does not include children above sixteen years of age!"—First Annual Report, p. 51.

A communication from Mr. Copeman, of Coltishall, to Dr. Kay, may here be quoted, to shew the fallacious kind of "independence" which the system professed to create among the poor. "A man in the receipt of regular weekly wages subscribes to a medical club for himself and family: if his wife or his children are ill, he applies without delay to the surgeon, procures advice and medicines, and preserves his independence (?); but should he himself happen to be the sick person, how are his wife and family to be maintained during his illness? His earnings are stopped; he has, most probably, saved nothing; and although he has provided himself with medical assistance, he must, for the sake of his family, *become a pauper, and apply to his parish for relief*; and if for one form of relief, *why not for another?*" This case has happened to me several times, and I have been obliged to certify the illness of members of our club, in order to procure them relief from the board."*

In the present condition of the labouring classes, it is almost impossible for the majority to preserve their independence under adverse circumstances. "When their income is barely sufficient to maintain health, there is neither wisdom, humanity, nor justice, in calling upon them to subscribe to a fund for its repair. In supplying to the poor the motives for independence, you must also furnish them with the means, or you do nothing."

A report from another surgeon, Mr. Armstrong,† detailing the expedients which he adopted for obtaining payment, in some form or other, from the lower orders, even stooping to collect their paltry subscriptions himself, could not be perused, by any right-minded person, without regret and disapprobation.

Under such circumstances, it is neither surprising that the poor should withdraw from the scheme as soon as possible,‡ nor that the profession should declare their hostility to it.

Both Mr. Power and Dr. Kay acknowledged the general reluctance of medical practitioners to connect themselves with medical clubs; nor has subsequent experience reconciled the majority to a system opposed equally to discriminative charity, sound political economy, and professional respectability. 4215-5098.

§ 41. The combination of a number of persons, whose pecuniary interests are concerned in depressing medical remuneration, must operate injuriously on the profession. Self-supporting dispensaries, and medical relief societies.

Whether the guardians establish the clubs, or the working classes unite for the purpose of mutual insurance against the expense of medical attendance, it cannot be denied that medical practitioners are placed in a highly disadvantageous position.

* Medical Enquiry, p. 19.

† Ibid., p. 21.

‡ The decrease of members was acknowledged by Mr. Armstrong. Ibid.

By appointing only one surgeon to attend a club, competition of a most discreditable kind has been called into action, and, no less than under the "tender" system, the honour of the profession has been unscrupulously sacrificed to the interest of the individual. In the same locality might be seen several surgeons, having their separate clubs, contending who should demand the lowest rate of subscription, and disgracefully canvassing for members. And thus institutions, professedly designed for the benefit of the poor, became instruments of degradation to the profession.*

These remarks are more or less applicable to the majority of self-supporting medical institutions, which, although originating in the well-meant endeavours of philanthropic individuals, seem to have suggested the establishment of poor-law clubs. Thus Mr. Gulson acquired his
1920 et seq. taste for the compulsory establishment of medical clubs from observing the success of the experiment at Coventry. And Mr. Power's notions
4245 et seq. were derived from his brother's "opposition dispensary" at Atherstone.

It is evident that Dr. Kay wished to separate the simple notion of "mutual assurance" from the defective system of medical clubs; the abstract principle, from the perverted form which it assumed in these
1501. institutions. Here he was doubtless right. The great difficulty, however, lies in the application of that principle, with justice to all parties concerned. Dr. Kay's calculations of the rate of medical remuneration in some of the more flourishing self-supporting dispensaries afford no encouragement for their extension. The average cost per case for medicine and medical appliances, surgeons' and dispensers' salaries, was in the Coventry Dispensary (six years) 4s. 5d.; in the Burton on Trent, (two years) 4s. 5½d.; in the Derby, (six years) 3s. 4½d. It is scarcely necessary to remark, that these sums form no approach to a remuneration, even in dense populations. How, then, can they be recommended in rural districts, where area and distance have to be considered?

Whether any system of mutual assurance could be brought to bear successfully on the expenses of medical relief, is a question still undecided. One of the medical witnesses brought forward a plan which had
15038 et seq. been, and still is, in operation in the south of Buckinghamshire, though with very doubtful success.

From all this, it appears certain, that if the labouring classes combine to determine the rate of medical remuneration, in like manner practitioners must combine to defend their own interests; otherwise they will soon be in a worse predicament from the general adoption of this system, than even from union contracts. Thus, in Leeds, not long since, the society of "Odd Fellows," 13,000 strong, advertised for medical officers from London, because their former surgeons would not consent to attend them at 2s. 6d. per head per annum.

* See an instance. Medical Relief for the Labouring Classes, p. 57.

The establishment of a medical relief society should be the act of a *united* profession;—of the medical corps in each locality, not of individual practitioners.

§ 42. Having thus accomplished the necessary but unwelcome task of exposing the sophistry and errors, conspicuous in the attempts of the poor-law commissioners, to defend their medical arrangements before the parliamentary committee, your Committee next proceed to detail the principal suggestions for an amended system, offered by the medical witnesses.

Recommendations for an amended system of medical relief.

The first which it appears important to notice, as materially affecting several other recommendations, is that the cost of medical relief should be strictly a parochial charge; or, in Dr. Kay's words, that "the medical salaries should not be apportioned as an *establishment* charge upon the union, but bear a proportion to the number of sick attended in each parish." This proposal was supported by the medical witnesses, who believed that it would tend to direct the attention of the rate-payers of every parish to the cases of their sick poor; and would also contribute to break up medical districts, by causing the average rate of medical remuneration for an entire union or district to press unfairly when applied to particular parishes.

Parochial charges.

5095, 5160.

The parliamentary committee likewise sanctioned the recommendation in the following terms:—"Your committee are of opinion, that attendance on the sick should be made a parochial charge, each parish paying for its own cases; and that it should never be made a part of the establishment charge, nor distributed among the different parishes in proportion to their averages."

P. 24.

§ 43. The mode of determining the objects of medical relief, and the remuneration of the medical officers, are points too closely connected in practice to be separated, while considering the proposed amendments.

Remuneration, mode of calculating.

The principle assented to by all was, that the remuneration should be strictly proportioned to the duty actually performed and the expense incurred by the medical officer; both of which could be determined by a reference only to "the number constantly sick, the distance or extent of the district" or parish, and the density of population.

15172.

Such a principle of remuneration involved the necessity either of pre-determining the class of poor, or the portion of the population which should receive medical relief; or else of exercising a discretion on the case of each applicant. Indiscriminate relief for the whole labouring population would of course be incompatible with a salary based upon the above specific data.

§ 44. Prior to the parliamentary inquiry, however, more liberal plans had been submitted to the profession and the public: these your Committee cannot in justice leave unnoticed.

Former plans

It had been suggested, for example, that the salary should be calculated simply on the population and area of districts or parishes, with a free administration of medical aid to the labouring classes, unfettered by the machinery of relieving officers, "pauper lists," or "orders." This proposal clearly sets aside the question of medical pauperism, for it assumes that the receipt of medical relief, like that of education at the public charge, does not, and ought not to, constitute any person a pauper. High authorities may be cited for and against this proposal; but the point need hardly be debated here, as unquestionably the public mind is not yet prepared for a national provision of medical relief, or for its necessary consequence, an "establishment" of the profession, in connexion with the State.

Such a change would not necessarily be advantageous to the profession, nor is it certain that the same amount of remuneration would be derived, as at present, from, or on account of, the poor.

5081. A salary calculated on the population, *if paupers only are to be attended*, has been generally objected to, as bearing no constant proportion to the amount of medical duty.

§ 45. The public provision of medical attendance, exclusively of hospitals and other voluntary charities, being, however, still paid for out of the funds for the relief of *paupers*, and being administered by the *poor-law* authorities,—it had been suggested by others, that the salaries of parochial surgeons should be calculated as a per centage on the amount expended for the relief of the poor, varying according to the density of the population or area of the parish. Thus all the details of cases, visits, and specific charges, would be avoided by a gross salary; which, however, would not be liable to all the objections urged against the old fixed salaries, but would bear a relation to the pauperism of the district. Hence any variation in the average number of paupers would, of course, affect the amount of poor-rates, and, through them, the medical per centage. Any general distress or want of employment among the poor would increase the amount of pauper disease, but, at the same time, these circumstances would increase the general expenditure for the relief of the poor, and in this way meet the necessity for additional medical remuneration. 15317 et seq. A serious epidemic would be provided for in the same manner. A state of general health and prosperity, on the contrary, would diminish both poor-rates and medical remuneration.

This self-acting adaptation of salary to the temporary circumstances of each parish, appeared to the late poor-law committee of the association, deserving of unqualified approbation. On this account, as well as because it was more than once recommended during the parliamentary inquiry, your Committee think right to notice it. The minimum rate proposed for rural districts and small country towns was four per cent. 15198. But in a scattered population, at a considerable distance from the medical

officer, seven per cent. was considered scarcely sufficient for the maximum. In large and densely-populated towns, a smaller ratio than four per cent. should probably be adopted. Mr. Farr considered that the average throughout the country should be seven per cent, the rate deduced from the returns being 3.6 per cent.*

15478.
15480.

15818.
15823.

It must, however, be admitted that this mode of computing medical remuneration can be applied with accuracy only to that class of poor who receive relief in money or in kind. The other class, who receive relief in medicine only, might exist in different proportions, according to the practice adopted in different unions. The salary, therefore, might not in all places bear the same relation to the amount of duty performed; and Mr. Power's objection to a fixed salary,—that the authorities might give an indefinite number of orders for medical attendance without increasing the medical remuneration,—would, in a measure, apply to this per centage.

§ 46. Your Committee return to the plan suggested by Dr. Kay, and generally approved of by the medical witnesses, viz. that the recipients of medical relief should be divided into two classes, the *permanent* and the *casual* paupers. The first class would consist of all the paupers in the actual receipt of out-door relief. These, without the intervention of an order from any person whatever, should obtain medical assistance upon application. To this permanent class it would be easy to add others, such as widows or labouring men with large families, supporting themselves.

Pauper list.

5160.

Provision would thus be made for the aged, infirm, and helpless, as well as for those known to be unable to provide medical relief for their families; whilst the medical officer would be called in at the early stages of disease, and thus have the opportunity of entrailing both his own duties and the duration of his cases. It would, therefore, be necessary “to make out for a certain period, for half a year or a year, a list of persons who might be expected in each parish to be in the receipt of out-door relief, and the medical remuneration should be estimated *at a certain sum per head upon that pauper population*, so as to afford an adequate remuneration per case.†

5095.
16054.

The parliamentary committee approved this proposition, yet felt that “one principal difficulty will consist in determining whose names should

* The credit of the original suggestion is due to Mr. Bew Lupton, of Cheadle, near Manchester, as well as to another associate at Hinekley. Vide *Med. Gazette*, vol. xx, p. 606.

† Mr. Power also describes the advantage of such an arrangement: “the parties entered on the list would be under no necessity of applying to any one but the medical man; all the other systems of course involve an application to the authorities.” This plan was first suggested by Mr. Davies, of Hertford, in the following terms: “That all the paupers (men, women, and children) within the union, and all those for whom the guardians may consider it expedient to provide medical attendance, be registered on a list, to be called ‘The Pauper Medical List:’ That 2s. 6d. be paid for each person registered; and that visits and journeys be charged, in addition, at the rate of 1s. per mile.

4351.

Opinion of
Parliament-
ary commit-
tee.
p. 25.

be inserted in the list. With those already in the receipt of out-door relief, there will be no difficulty; but with respect to those who, when in health, can support themselves, but who may be supposed to be unable to meet the losses and expenses of sickness, it would require a very cautious discrimination in completing the list, by which the extent of medical relief to be given and the amount of the remuneration are mainly to be determined." They proceed—"Your committee, however, think that the principle on which those additional names are recommended for insertion is perfectly just; and as they think that the board of guardians must decide on those, as on all individual cases, they have no reason to believe that their choice will be indiscreetly exercised; and they cannot avoid saying that, while they would advise a proper caution to be used, they are of opinion, with Mr. Gulson and other witnesses, that medical relief may, with great propriety, be given more extensively than any other kind of parochial assistance."*

Payment per
case.

§ 47. The second class of patients, proposed by Dr. Kay, were those who may not be entered on the pauper list; "cases of casualty and sickness occurring among able-bodied labourers and persons not in the receipt of out-door relief. These persons," said Dr. Kay, "should be made the subject of an arrangement at so much per case."†

Mr. Power likewise practically sanctioned a similar arrangement, when he recommended the guardians to pay a fine, if they placed a person on the schedule when sick.

4263-9.

Were an equitable sum per case fixed, the interests of the medical officer would be protected; but without some modification of the system

4829.

* Dr. Kay was of opinion that the class of persons who should be entered on the pauper list "may now be pretty well determined," although, two years before the parliamentary inquiry, he reported "that the persons who are to receive relief by medicine, under the union contract, *cannot* be pre-determined, so as to be arranged into a class, and can only be described by special acts of discretion."

The poor-law commissioners considered this remark of sufficient importance to be embodied in their Second Annual Report, and Mr. Power, during his examination, was pressed to explain the discrepancy between *their* rule of administering relief and *his own*, which was, "that the parties to whom the liability of the medical contractor for the future was to extend, should be marked out and defined by name at the commencement of the period of contract."

He pleaded that there was no inconsistency between his plan and the commissioners', since he spoke of the parties to be included in the contract at first; the commissioners, of all the parties who may have to receive medical relief in future.

4380.

This gentleman's defence of both plans deserves to be commended for its ingenuity, though it will probably fail to satisfy any one who carefully considers them, bearing in mind the assertion of the commissioners, that the recipients of medical relief can *only* be decided on by a special exercise of discretion, without any exception in favour of that class which Mr. Power said should be "marked out and defined by name—so as to render such" special acts of "discretion" unnecessary.

† This mode of dealing with casualties was first suggested by Dr. Tweeddale of Lynn, (vide *Lancet*, vol. ii. 1836, p. 15), who observes, "As it will be sometimes necessary to give orders for medical attendance to persons who are not receiving parish relief, such should be paid for as extra cases, at so much for each case."

of granting orders, the welfare of the sick poor might be endangered by this plan.

It was very properly remarked by Mr. Serope, that the tendency to withhold orders, which has been already noticed, as resulting from the consideration that each order incurred additional expense,* might be increased, if that expense were "in all cases borne by the particular parish to which the casual pauper belongs, as it might then become the interest of the parish to make as few orders as possible."

5157.
5160.

§ 48. It may be doubted whether the relieving and parish officers should, under such an arrangement, have the sole discretionary power to order medical relief, merely upon *their* view "of the urgency and necessity of the case," because, however competent these persons may be to decide on the necessity of any other species of relief, they are clearly unable to judge of the necessity for medical attendance.

Special acts
of discretion
should be
performed by
the guardians
only.

* 5162.

Perhaps the difficulty might be met, though not entirely removed, by Dr. Kay's suggestion, that the relieving officer, in such a case, should provide medical attendance at a smaller cost, until the next meeting of the guardians, "when the regular payment per case should ensue, if they confirmed the grant."†

A simpler, more efficacious, and equally safe means of affording medical relief to the casual poor, in the opinion of several of the medical witnesses, would be to abolish orders altogether, and permit all the sick poor to apply, in the first instance, to the medical officer,‡ who might provide relief conditionally until the next meeting of the guardians. The board would then, in the exercise of its discretionary authority, decide on each case, granting medical relief absolutely to those unable to pay for it, refusing it to others, and affording it to an intermediate class by loan. The prospect of such an investigation by the superior tribunal would be more likely to deter improper applicants, than the difficulty of obtaining orders from the inferior and half-informed persons, who generally occupy the post of relieving officer or overseer.

The objections to this proposition are, first, that the medical officer would be liable to loss from the guardians' refusal to confirm the grant; and, secondly, that the poor have been so long accustomed to receive

* Mr. Ceely remarked, "I see an objection, as I always have done, to payment per case, in this respect, that it tends to restrain the guardians from giving orders for medical relief; and I would rather avoid *that*, by a sacrifice on my part, and having more liberal orders, than I would restrict it by the payment per case; yet it must, I suppose, be done, inasmuch as it is impossible exactly to compute the relation of pauperism to population, and there is no means of calculating remuneration by a different rule."

15476.

† "In fact, a payment per diem." See "Observations," &c., Prov. Trans. vol. v, p. 446; from which, probably, Dr. Kay borrowed his idea.

‡ The medical officer should, under such an arrangement, grant a certificate to the applicants, stating that the case required medical treatment, which being presented to the relieving officer, would enable him to inquire into the circumstances of the patient, and report thereon to the guardians.—Ibid.

“orders,” that their abolition might at first appear to throw a difficulty in the way of obtaining medical assistance, from an impression, that without some kind of order the services of the medical officer could not be secured.

If, therefore, the system of orders be continued, your Committee are unanimous in thinking it most essential that a superior class of persons should be appointed to distribute them; that, in each parish, some intelligent and well-informed individual, besides the ordinary parish officers, should be empowered to grant medical relief.* In which case, it appears also important that the guardians and the medical officers should have the power of reconsidering the grant; in fact, that the order should be conditional until the next meeting of the board, and should merely secure to the patient immediate medical attendance; otherwise a class, not intended for parochial aid, might be provided for at the expense of the rate-payers, and possibly to the disadvantage of the profession.

Conditional
grant of
orders.

Relief by
way of loan.

§ 49. The importance of the loan arrangement, under this or any system, save that of indiscriminate relief to the whole labouring population, cannot be too highly estimated. By it, the various parties entrusted with the distribution of orders are relieved from the responsibility of ultimately deciding on the destitution of the applicant, and his right to relief from the poor-rates. That responsibility would attach to the board of guardians, with whom the ultimate discretionary power must rest.

1686.

Experience has shewn that when the persons appointed to administer medical relief have authority to charge the cost on the poor-rates, and are, at the same time, made responsible to the guardians for their acts, their caution becomes excessive and injurious.

The loan removes all these difficulties. It encourages the relieving and parish officers to act humanely, the guardians discreetly, and the medical officer promptly.

All these considerations apply, of course, to that class for whom the per case arrangement was proposed. The majority of those entitled to medical relief would be provided for by the *pauper list*. If this were prepared with a due regard to the circumstances of the poor, and the principle admitted by the parliamentary committee and poor-law commissioners, that medical relief may be distributed more liberally than any other kind of relief—that it may in certain cases be given to the families of able-bodied labourers—and perhaps even to these labourers themselves when ill—the necessity for resorting to conditional orders, or to loans, would be reduced within narrow limits.

1722.

15790.

1685.

5160.

4383.

Rates of
remunera-
tion, how to
be deter-
mined.

§ 50. The two classes of patients which have thus been described, would, according to Dr. Kay and the medical witnesses, be provided for at different rates of remuneration. “The cases of casualty being gene-

* Who would be more proper than the clergyman of the parish?

rally more severe than those included in the list," would incur a higher payment.

16540.

With whom, then, should the power of fixing the rate of remuneration rest? The poor-law commissioners and guardians claimed the right, but Mr. Power admitted that they could only "stand in the place of one of the parties" entitled to decide the point.

5132.

The medical witnesses, therefore, proposed that "a fair share of the power" of determining the amount should rest with the professional body.*

They represented, moreover, the advantage of some provision, which should enable both parties, in each locality, to regulate and modify the remuneration within just limits, instead of imposing an unalterable standard upon all parts of the country. The various circumstances of different unions would induce both guardians and medical practitioners to desire some variation in the standard. For example, "peculiarities of situation and topography, the physical condition of the people, their employments and habits of life,"—the proportion of inhabitants receiving relief at the public cost, and the ordinary rate of medical charges,—besides the most important circumstance of all, the distance of parishes, and the density of population.

14979.

15478

15205

The method suggested for carrying into effect this principle was, that the medical men resident in every union should appoint a representative, "call him, if you please, a medical guardian or assessor," who should act with another assessor to be appointed by the board of guardians in regulating the payment of the medical officers; and that if any irreconcilable difference should arise between the local assessors, the point should be referred to a medical commissioner appointed by the crown.

Medical Assessors.

14990.

Also that an average standard of remuneration, calculated on certain well-known data, should be adopted for the guidance of the medical commissioner or director, in his decisions on appeals.†

14991 et seq.

5095.

14979.

The elements of the calculation are the price of medical advice, of medicines, and payment for distance. The two first may be considered constant items, and their average cost to the medical officer, in each case of sickness near at hand, was readily estimated. The third, i.e. the average expense of distance, could not be accurately ascertained; it would depend on the general size of the districts, and might consequently be reduced by diminishing their extent.

Elements of the calculation.

* Dr. Tweeddale's principle of determining the remuneration is somewhat similar. Med. Gaz. vol xx, p. 442.

† Dr. Kay elsewhere suggested, that the amount of remuneration should not be higher than the payments made by the independent poor, as a class, "provided it can be ascertained in any way what is the average sum paid by them for medical assistance." Probably he referred to the remuneration afforded by medical clubs. This, however, appears to be reversing the connexion of cause and effect.

5097.

If parochial salaries had been reasonable, the payment from clubs would have been higher.

Cost of
drugs and
advice.

15819.

Vide § 25.

14996.

15481.

Proposed
terms agreed
to by parlia-
mentary
committee.

Charge for
distance or
area.

1740.

1831.

4238.

Mr. Farr's
calculations.

The expense of an adequate provision of medicines has already been shewn to be not less than 2*s.* 6*d.* per case; and Mr. Farr assumed that 2*s.* 6*d.* would be a very moderate remuneration for advice, in a case lasting twenty-three days, which was the average duration deduced from the returns. This would allow about 4*d.* (perhaps nearer 6*d.*) for each time of seeing, or prescribing for, the patient. Five shillings per case was, therefore, admitted by the medical witnesses to be a reasonable payment for the class of regular paupers, in towns and parishes having resident medical officers; that is, the sum paid *per head* on the pauper list should, on the average, afford the above amount of remuneration *for each case*. Now, supposing the average cost of distance or journeys should be only 1*s.* 6*d.* per case, (and if the districts continue of the present size, this rate of payment would be utterly inadequate), the total sum would amount to 6*s.* 6*d.*, which is just double the existing average remuneration. Another witness considered that 7*s.* or 8*s.* would be a more equitable average. But, with regard to cases occurring among individuals not on the pauper list, it was agreed on all hands that these should be provided for by a higher payment, 10*s.*, or a sum between that and 12*s.*, including the charge for distance, was considered to be a fair average.

The parliamentary committee approved of these terms, but considered that they “must, in some degree, be governed by local circumstances,—by the number of practitioners, by the nature of the country, by the degree in which the residences of the poor are scattered, or near together, and by the general rate of remuneration previously existing in the district.” Your Committee fully assent to this view of the subject, as it strongly proves the necessity of the local assessors before suggested.

§ 51. The importance of increasing the remuneration, on account of distance and area, was readily admitted by the assistant-commissioners, though they were not prepared to recommend any definite rate of augmentation. If the expenses of medical relief, in conformity with the recommendations of the parliamentary committee, were charged to the separate parishes of every union, according to the number of inhabitants or parishioners, who may have received such relief, it would be necessary to establish an additional rate (in the form of mileage) according to the distance of each parish from the medical officer.

Mr. Farr's suggestion that the augmentation should be computed on the entire area of a district, appears to your Committee incompatible with distinct parochial charges.*

If another mode of calculating remuneration were adopted, which he

* In illustration of his principle, he mentioned 1*s.* per case, if the area were under five square miles; 3*s.* if under fifteen square miles; and 6*s.* if under thirty square miles; making the totals respectively 6*s.*, 8*s.*, and 11*s.* per case.

Colonel Wade thought that the sum per case might vary from 4*s.* in towns to 9*s.* in the country, according to area.

recommended, in order to check the anomaly existing in the metropo- Vide § 26.
 litan districts, (the cases there being only of thirteen days' average dura-
 tion), the cost of one pauper patient (or of several in succession) sick for
 a year, would stand thus:—£2 for medicines; £2 for attendance; and
 1 5s. for journeys; making £5 5s. in all. His calculations are unex-
 ceptionable, except as to distance, which your Committee are of opinion
 requires a higher rate, and should be computed from more extensive and
 definite data than have hitherto been collected.

It should be observed, also, that Mr. Farr's calculations apply only to
 the pauper list, and not to extra cases.

§ 52. One advantage of separating the cost of the several items of me- Separate
supply of
medicines.
 dical remuneration is, that it gives a facility for also separating the supply
 of medicines from that of attendance—a point strongly urged by the 15505.
 late poor-law committee of this association, and which is, doubtless, of
 great importance, where practicable. Dr. Kay, however, believed that 16098.
 “the difficulties in the way of such an arrangement were infinite, and
 that it could not be carried out,” except—

First, in the case of workhouses, where he considered that the drugs
 for the treatment of “in” patients, as well as the more important
 and commonly used surgical instruments, should be supplied by the
 board of guardians: this arrangement being the “subject of special re- 16056.
 gulation by the poor-law commissioners, who could enter into such a
 contract for the supply of workhouses throughout the country as would
 greatly diminish the cost.” The security for a supply of unadulterated
 medicines would lie, Dr. Kay thought, in the publicity of the commis-
 sioners' proceedings, and in the reputation of the wholesale houses
 whence the drugs would be procured. The commissioners “would act
 under the best advice,” and “employ practical chemists to test the sup-
 ply, and to prevent abuse.”*

Secondly, in the case of *parochial medicine chests*, which were strongly
 recommended by Mr. Ceely, and approved by Dr. Kay and Sir Astley 15505.
 Cooper, as affording facilities to the poor in obtaining their medicines, 16097.
 and to the practitioner in arresting disease in its early stages. It was 16038.
 suggested that, in every country parish, a moderate stock of the ordinary
 remedies might be kept in a chest, “from which the surgeon might dis-
 pense the medicines, while travelling in the discharge of his duties.”†
 The expense would merely consist in “providing the chests, depositing
 them in some convenient apartment, and making an additional remu-

* It is not improbable that he derived his ideas from a similar recommendation in the “Ob-
 servations.” Prov. Trans. vol. v, p. 540.

† The objection urged on the ground of the additional trouble it would impose on the
 medical officer, might, it was thought, be obviated by having certain articles prepared at his
 house, and kept ready for use in the medicine chest. Any complex preparation might be sent
 for in the ordinary mode.

neration to the surgeon," if he furnished the medicines; "but I cannot think," said Dr. Kay, "that the increase of expense would be at all commensurate with the benefits to be obtained from the arrangement."

It appears to your Committee that the evils, to mitigate which parochial medicine chests have been proposed, would find a more efficient remedy, in the majority of instances, by a diminution in the size of the districts.*

With regard to workhouses, however, the advantage of a provision of medicines and a dispenser, at the expense of the guardians, cannot be doubted; and in that case there appears no reason why the poor, living in the neighbourhood of a workhouse, should not, as well as its inmates, obtain their medicines from this source. Nor have your Committee heard any sound objection to the establishment of parochial dispensaries in all those towns, which have resident practitioners, although *not containing workhouses*.

16056. The only item that would then remain to be estimated, would be the value of the advice of the medical officer. This (Dr. Kay thought) should be calculated differently in the cases of persons treated in the workhouse, and those placed on the out-door pauper list;† though both
16069. alike entitled to medical relief, without the intervention of orders.

1822. Mr. Gulson objected to the guardians supplying medicines, but approved of their providing trusses, "because," said he, "there would be no injury to a man in the board of guardians giving him a truss, (even if unnecessary), though it would be dangerous for them to meddle with quinine," &c. &c.

Mr. Gulson doubtless felt the force of the commissioners' remark, in their first report, that "the pauper was exposed to the danger of being supplied with medicines considerably beyond what were required for his proper treatment" (!), though he did not appear to recollect that if the guardians supplied quinine, &c. *under the direction of a competent medical officer*, the patient would be exposed to no greater danger than in their provision of trusses, under similar advice. The "danger," to which he and the commissioners alluded, probably threatened the pockets of the rate-payers much more than the lives of the poor.

* "It is clear that inconvenience may arise from the too great extent of medical districts, especially in respect of sending for the medicines; and we are of opinion that this, although it might in some cases be diminished, would not be effectually prevented by the establishment of medicine chests in the distant parts of a large district. We conceive that the difficulty of providing for the proper custody of these depôts of medicine—the possibility of mistake in administering them—the deterioration of the medicines from their being only occasionally demanded—are serious objections to this arrangement; and that it ought not to be resorted to, if it is possible, by contracting the size of the districts, to avoid the necessity for it."—Report of P. L. Com. 1840, p. 46.

† Mr. Farr's mode of calculation on *one patient sick for a year* would answer for workhouses.

§ 53. Midwifery, it was generally agreed, should be paid for by a ^{Extra} separate arrangement, at so much per case. ^{charges.}

Dr. Kay thought that, among the permanent poor, there would not be found many cases of midwifery, and consequently that this branch of medical relief, being almost confined to cases of difficult labour, involving “sudden and urgent necessity,” would be more properly included among the casualties. Attendance on the wives of labourers, *in ordinary cases*, appeared to him “to be that kind of medical relief which ought to be the earliest got rid of, because the parties had for several months the necessity for providing attendance in view.” It was suggested by one of the medical witnesses, that for such cases midwives might be employed, “that is, whenever there is one in the neighbourhood qualified to undertake the duty; the medical practitioner being called in only when she may see the necessity for it.”

The amount of remuneration would depend on the class attended. For ordinary cases, if the surgeon should attend such, the sum of 10s. or 15s. (now generally adopted) would not be objected to: but if, as Dr. Kay and Mr. Rumsey proposed, the surgeon were only called to cases of importance and difficulty, such a sum was “too trifling to be mentioned.”

Dangerous accidents, fractures, and important operations, were also considered to demand specific remuneration, “on the ground of the great responsibility attending the treatment of such cases; the ready detection of, and the severe consequences likely to ensue from, error or neglect; the prolonged and careful attention they require;” and the expense and inconvenience to which the surgeon is subjected by the suddenness of the call for his assistance.

Surgical or obstetrical cases, requiring serious operations, it was also admitted, might demand a consultation, in which case due provision should be made for remunerating the consulting practitioner.

§ 54. The recommendations of the medical witnesses, with regard to the extent and population of districts, have next to be examined. ^{Size of districts.}

In order that the circumstances of each parish might receive closer attention, and the poor be brought nearer to the residences of the medical officers, it was suggested that the guardians should appoint the medical officers to separate parishes, instead of to districts. It was also proposed that all the medical practitioners residing in or near the union, and desirous of the appointment, should, if possible, be engaged to attend the poor.

By these expedients, the district *system* would be abolished, although, in fact, a district would still remain, in the sense of several distinct parishes entrusted to the care of one medical officer, which parishes should of course be adjacent and conveniently arranged.

While the medical witnesses suggested parochial appointments, they

by no means intended that each surgeon should attend only one parish. Such a proposition would have been absurd, for in rural districts the parishes greatly outnumber the duly qualified medical candidates.

The mere diminution of the size of districts, irrespective of the distance and requirements of each parish, would not entirely obviate the evils complained of; therefore, any scale proposed for limiting the area and population of districts, without reference to parochial divisions, might be found an insufficient amendment.

These considerations point out two methods of checking the appointment of surgeons to distant parishes:—1st, by a fixed rate of mileage, as before suggested, to be added to the salary for the permanent paupers, as well as to the payment for extra cases. And, 2dly, by limiting the number of parochial appointments to be held by any individual, according to the total area and population of the parishes.

Neither of these methods, singly, would secure the end in view. The first would, probably, be the most effectual; but with respect to the second, several important suggestions were offered. From the returns it was shewn that the average area of medical districts was twenty-one and a half square miles, and the average population 5,000. The medical witnesses, accordingly, recommended a reduction of area to about eleven or twelve square miles. It should be recollected that this area was proposed merely as the *average*; for the nature of the locality, in some parts of England and Wales, would quite forbid the imposition of twelve or even twenty square miles as the maximum. Limits to population were also suggested: 2,000 or 3,000 as the average in rural districts; 5,000, if within three miles; and 10,000 as the maximum in large towns. Sir A. Cooper was of opinion that the districts should not on the average exceed five miles in diameter (equivalent to about sixteen square miles), which was approved of by Dr. Kay, as being about the size of the districts in Suffolk.

On a review of the evidence, your Committee are disposed to recommend a concurrent limitation of population and area, the amount of the former varying in inverse proportion to the extent of the latter. For this purpose, a scale might be readily constructed, but its adaptation to particular localities should be decided by the proposed medical referee or guardian, in conjunction with the board of guardians.

Qualification
of medical
officers.

§ 55. Your Committee now turn to the evidence relating to the qualification of medical officers.

The mere legal qualification to practise has been all that the poor-law commissioners have thought it necessary to require of candidates for union appointments.

Such qualification, in the case of an apothecary, is the licence of the apothecaries' society, or else proof of practice prior to 1815. Either a

degree in medicine, or a diploma of the College of Surgeons, without the apothecaries' licence, was, however, considered by the commissioners to render the possessor eligible, so long as he did not dispense his own medicines.* Dr. Kay believed that not a single practitioner held office in his district without a legal qualification. This must have been an exception to the general rule; for, by a return to the House of Commons, published as an appendix to the third report of the poor-law commissioners, it appears that out of 1830 medical officers, *twenty-seven* were practising illegally, that is, without any diploma or licence; *five* returned no answer as to qualification; 327 were apothecaries or physicians *only*, and had not been examined in surgery; 294 were surgeons *only*, and had not been examined in medicine; 201 were legalized (not qualified) by the apothecaries' act; that is, had never been examined at all. Only 930 had been examined in both medicine and surgery, and had been more than three years in practice.

5067.

The medical witnesses, therefore, insisted that candidates for union appointments ought to possess "the double legal qualification of surgeon and apothecary;"† and, that, since the duties are "exceedingly important and require great experience," two or three years' standing in the profession should likewise be required.

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15898.

The opinions of Sir Astley Cooper and Dr. Marshall Hall on this point deserve the utmost attention. The first declared that "no man should be permitted to practise his profession, or *be appointed to a situation of this kind*, unless he has passed the ordeal of the Apothecaries' Hall, unless he has the diploma of the Royal College of Surgeons, and unless he has undergone an examination before a midwifery board;—these three things are absolutely essential." The latter urged that "no student fresh from the schools ought to be appointed;—after his examinations he should be two years in the profession, two years in actual practice." It is important that he should be acquainted with the locality, and his character known to the inhabitants;—this would involve the necessity of residence for one of the two years.

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It is, however, but fair to quote Dr. Elliotson with respect to the latter suggestion. "I doubt whether he would be more fit in two years, if he had *not* a good opportunity of improving himself by practice, than at the beginning; because he would have so little private practice in the first

* With regard to the penal consequences of any infringement of the Apothecaries' Act, the poor-law commissioners displayed singular indifference. "How far," said they, "a member of either of these branches of the profession, (a physician or mere surgeon), would render himself liable to penalties by acting as a medical officer in a union, is a question of law *which we felt it no part of our business to determine*."—First Annual Report.

Mr. Power was evidently in entire ignorance of the nature of legal qualification; nor was he aware that the public possess no real protection against unqualified practitioners.

† "It is absurd to appoint a mere surgeon to perform duties, the majority of which are medical."

4318 et seq.
15472.

15869. two years, that he would not much improve himself by it ; and at the same time, he might have forgotten a great deal that he knew when he came from his examination ;—a man must learn his profession by experience, as well as by education at the schools.”

Your Committee would here observe, that Dr. E. merely supposes a case in which the candidate “*had not had a good opportunity* of improving himself by practice.” They contend that every young practitioner ought to have such an “opportunity” before undertaking any public office, in which he is to bear the whole responsibility ; and that he should not commence by practising on paupers, who have not the option where to obtain advice. Appointments in public institutions, under the superintendence of the chief medical officers, and situations as “assistant” in private practice, are well adapted to supply the necessary experience, and to give the candidate a higher practical qualification than any diploma or license alone could confer. However diligently a student may have attended the instructions of the schools, and watched the practice of the hospitals ; however creditably he may have passed his examinations ; he ought, as a general rule, to be under the supervision of a senior practitioner, when he begins himself to undertake the treatment of disease.

Sir A. Cooper’s recommendation most certainly deserves adoption. No valid reason has been, nor can be, assigned for withholding from paupers a class of medical attendants equal in every respect to that which the law has provided for prisoners and felons.

Election of
medical
officers.

§ 56. Your Committee proceed to consider the suggestions relating to the choice of parochial medical officers. On this subject, two important alterations were proposed to the parliamentary committee :—First, that the rate-payers of each parish should have the right of electing the medical officer. Secondly, that each sick pauper should have the right of selecting his own medical attendant.

14815. Those members of your Committee who were examined,* recommended that the power of appointment should be restored to the rate-payers, as being more directly interested in the welfare of the poor inhabitants of the parish, and “better acquainted with the character and capabilities of the medical men” residing near it, than a board of guardians acting for an extensive union. And although there may be some guardians, in every board, equally competent to decide, and equally desirous that the fittest persons should be appointed to the parishes they represent,—yet they are liable to be outvoted by others, totally unacquainted with the peculiar wants and circumstances of such parishes.

15926. A larger body of electors, like the rate-payers, would also be less likely to be influenced by the motives of private interest and personal favour, which too frequently bias the guardians in their medical appointments.

* Mr. Farr also appeared to lean to election by the rate-payers.

The rate-payers, especially the "principal inhabitants of the parish," would doubtless be guided in their selection by the reputation for skill and humanity which the medical candidate had acquired in the parish.

15925.

It was not, however, proposed to revert to the old system; the medical officer should be the nominee, neither of an overseer, nor of a select vestry; he should be the choice of the rate-payers, whose suffrages might be obtained by voting papers, as in the election of guardians; and since his remuneration, extent of duty, and qualification, would, as proposed, be subject to previous regulation, there would be no liability to an erroneous decision.

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14815.

The second mode of selection was advocated by two of the committee, Mr. Wakley and Mr. Liddell. These honourable members did not, however, suggest that an unrestricted choice should be allowed to the poor, but that the board of guardians should name practitioners from whom the poor might select their attendants; or that "payment should be withheld, provided they apply to persons not properly qualified."

15906 et seq.

By such a mode, it was hoped that the pauper might be made to "stand in the place of a private patient;" that he might thus secure earlier attention; and that his recovery might be accelerated by the confidence he would repose in a medical attendant of his own selecting.

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15012.

The following objections to both these propositions were urged: that as the whole management of parish affairs was committed by law to the boards of guardians, it was their duty to provide adequate medical assistance for the paupers of every parish; that the medical officers should be responsible to the constituted authorities for the proper performance of their duties, which they could scarcely be, if selected by the paupers, or appointed by the rate-payers; and that, if the poor had the right to choose their attendants, several practitioners might be employed in the same parish, and thus the amount of medical exertion would be greatly increased, without a corresponding increase of remuneration.

15006.

For these reasons, the parliamentary committee objected to the proposed alterations, and expressed a hope "that the same considerations which govern private individuals in the selection of medical attendants for themselves and families, will influence boards of guardians in selecting attendants for the poor; the same individuals, in the great majority of instances, will attend the poor in common with the other inhabitants of the district; and in this respect no class of the population will be exposed to any comparative disadvantage."

Having thus stated the principal arguments affecting the question of appointment, the subject is left to the vigilant consideration of the profession. If the boards of guardians continue their present system of injustice and oppression, there can be little doubt that the advocates of a

different method of election will become more numerous, more importunate, and, in the end, perhaps, irresistible.

Superintendence of medical officers.

§ 57. The last important suggestions which your committee have to notice in the medical evidence, refer to the regulation and superintendence of the duties of the medical officers.

The additional functionaries which were suggested, for the purpose of determining the precise rate of remuneration, and the size of the districts in each union, would also, in the opinion of the medical witnesses, supply the means for effective superintendence.

Medical commissioner or director.

The medical commissioner or director, to whom it was proposed to refer all appeals on the former topics, would be the most suitable authority to regulate the performance of medical duty—examine into any complaints of malpractice—test, if necessary, the qualifications of candidates—direct the diet of workhouses—superintend the supply of medicines—receive and analyse the annual reports of sickness, mortality, and medical attendance, which should be forwarded to him from every union,—and assist the poor-law commissioners in all questions requiring a medical opinion.

15026.

It was proposed that the medical commissioner should be appointed by the crown, “having authority under the poor-law commissioners in the matter of medical relief;” that, in fact, he should hold the same position at Somerset House, as the Director-General of the Army Medical Department at the “Horse Guards,” or the Physician-General of the Navy at the Admiralty. It would be necessary for such medical authority to have a sort of deputy in every union, which would be secured by the appointment of the proposed medical assessor, who “should act as the principal medical officer in the union, and should sit at the board of guardians as a referee in all cases which require a medical opinion; that the reports of the various medical men in the union should be made through him; that he should be the channel of communication between them and the board, and also between them and the superior medical commissioner.” “He should also draw up an annual sanatory report of the state of the pauper population of the district,” and “would point out to the guardians any circumstances calculated to ameliorate the physical condition of the poor.” He should receive a *small* annual remuneration, though at the same time his appointment, proceeding from the practitioners of the union, would be regarded as an honour, and as such, aspired to.

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Such an organization of the whole medical department of the poor-law, which “cannot be properly conducted without medical knowledge and medical controul,” would confer the most essential benefits both on the poor, and on the community at large.

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§ 58. Members of the medical profession, in undertaking union ap-
 pointments, are placed in very peculiar circumstances, arising out of,—
 first, the inseparable connexion of private and parochial practice, and the
 impossibility of disturbing the one without interfering with the other:—
 secondly, the low remuneration which must always, even under an improved
 system, attach to union services—so that the duties must, to a certain ex-
 tent, be *unrequited*; and thirdly, the amount of gratuitous advice which
 will ever be claimed by poor persons *not* dependent on the rates.

These considerations justify medical men in claiming a totally differ-
 ent position from that of other officers of the union.

The parliamentary committee, as might have been expected, “were
 not disposed to concur in the suggestions which have been made for the
 appointment of a medical commissioner by the crown, and of medical as-
 sessors by boards of guardians and the resident medical practitioners;”
 but they signified their entire assent to the recommendation, “that period-
 ical reports to the boards of guardians, as to the state of health prevalent
 in the medical districts, should be required from the medical officers,”
 and considered “it desirable that great care should be exercised in re-
 quiring that the accounts of the diseases, and treatment of the individuals
 attended, should be accurately kept, and in subjecting these accounts to
 revision, as one means of security that the sick are carefully attended and
 correctly treated.”

How could that desideratum be secured, except by entrusting such
 “revision” to competent medical authorities?

It is not surprising that Dr. Kay, on his final examination, should have
 objected to propositions, the effect of which would be to controul and
 modify the administrative functions of the poor-law commissioners and
 guardians. He considered that, if the recommendations as to the size of
 districts and mode of remuneration were to “pass into a general regula-
 tion to guide the conduct of the boards of guardians throughout the
 country, there would be little subject for dispute between them and the
 medical profession;” and, therefore, that the services of a medical as-
 sessor would not be required.

16074.

He was, however, of opinion that the other “very useful functions,”
 proposed for the assessor, ought to be performed by some medical gen-
 tleman in every union.

He also thought that “if a question should arise whether the medical
 officer had rightly treated a patient, or if he were subject to charge of
 neglect, the board of guardians should have directions to obtain the ser-
 vices of some respectable physician resident in the county where the
 union was situated to assist them in their inquiries and deliberation on
 the case.” He had, himself, more than once recommended the adoption
 of this course in his district. He did not, therefore, see any necessity for
 appointing a medical commissioner; and was quite certain that, if the

16074.

16077.

poor-law commissioners were in any difficulty respecting the decision of a medical question, "they would immediately avail themselves of the advice of the highest medical authority.

Dr. Kay's recommendations deserve a candid consideration; but your Committee concur with the honourable examiner in objecting to the employment of a local physician or surgeon to decide in cases affecting the reputation of union medical officers. The private relations of such a gentleman with the profession in the neighbourhood might greatly interfere with a satisfactory decision; and although Dr. Kay was correct in stating that there is "nothing more honourable to the profession than the apparently total subsidence of personal feelings and jealousies upon such occasions of arbitration," yet your Committee feel confident that the appointment of a medical commissioner, responsible to the public, whose decision would be founded "on general principles," and who would be free from any suspicion of individual bias, would be more satisfactory, both to the profession, to the local authorities, and to the community.

16894.

Recommendations of Parliamentary Committee.

§ 59. The closing remarks of the report of the parliamentary committee deserve grateful notice.

"Your Committee," said they, "from a feeling of respect for the medical profession, and believing that their attendance on the poor has been marked by great liberality and humanity, are anxious that the suggestions which have been made by them should be favourably considered by those who are charged with the administration of the law. They recommend the evidence which they have received on this subject to the attention of the poor-law commissioners; and they cannot but hope that arrangements may be made to remove some of the objections reasonably entertained to the present practice, and to put this branch of relief on a footing which shall be satisfactory to the medical men, and be conducive to the comfort of the poor."

Conclusion.

§ 60. Your Committee having thus, as proposed at the commencement of this Report, completed a review of the circumstances which led to their appointment—having carefully examined the evidence collected by the parliamentary committee, and inquired into the more recent administration of medical relief in the unions brought under the notice of that committee—now submit to the Association the conclusions at which they have arrived, after deliberate consideration of the facts and recommendations thus presented to them.

It remains, in another report, which they hope to present to the next anniversary meeting, to relate the measures which, on various occasions, they have recommended to the council, with a view to some legislative enactment; and to consider the present position of the question, altered, as it has been, by the appearance of the Report of the poor-law commissioners, dated Dec. 31, 1839, and still more recently by the operation of the Act for the Extension of Vaccination.

EXTRACTS

FROM THE

REPORT (1841) OF THE COMMITTEE

APPOINTED IN JULY, 1838,

BY THE

PROVINCIAL MEDICAL & SURGICAL ASSOCIATION,

“ TO WATCH THE FURTHER PROGRESS OF THE QUESTION OF POOR LAW MEDICAL RELIEF, AND TO SUGGEST TO THE COUNCIL, FROM TIME TO TIME, SUCH MEASURES AS MAY APPEAR TO THEM NECESSARY TO MEET CIRCUMSTANCES AS THEY ARISE.”

[The first ten sections of this Report* relate to the proceedings of the Committee, and the measures adopted, on their recommendation, by the council of the Association, during the year 1838-9.

In the Appendix may be seen, (No. 1), the petition of the council, presented to the House of Commons soon after the termination of the Parliamentary Inquiry,—(No. 2), the heads of a bill submitted to Mr. Sergeant Talfourd in February 1839,—and, (No. 3), the learned Sergeant's communication to the Committee, containing his first proposition for legislative enactment, dated August 17, 1839.]

§ 11. Apparently dissatisfied with the result of the parliamentary investigation, and disposed to delay to the latest possible period those amendments which the profession anxiously expected as the result of that investigation,†—the poor-law commissioners, in February 1839, resolved on instituting an inquiry of their own, through the assistant-commissioners, who were to derive their information from the boards of guardians.

However desirous the commissioners might be to “ lay before Her Majesty's Government the result of the experience of the various systems which are in action in the different parts of England and Wales,” they could scarcely have expected to obtain from the very authors and ad-

* See Provincial Medical and Surgical Journal, vol. iii, No. 9.

† “ The poor-law commissioners deem it advisable *not* to originate any immediate or general change in the medical arrangement.”—*Circular*, Feb. 21, 1839.

ministrators of the system a full and impartial statement of its results. Their object must have been (as the event has indeed shewn it to be) to procure such favourable representations of their own proceedings, as might induce the legislature, when the subject came under consideration, to leave the administration of medical relief, as before, to their uncontrolled discretion.*

[The two following sections contain a notice of certain communications between the Central Board and the British Medical Association relative to this Inquiry.]

Replies from
Assistant-
Commission-
ers.

§ 14. The reports of the assistant-commissioners are contained in the Appendix to the "Report on the Continuance of the Commission" presented to parliament in 1840, and to these the attention of the Association is now directed.

Your Committee do not purpose to follow the precise order of the questions which elicited these statements, but to class them, as far as may be practicable, under certain heads.

It is, however, to be premised, that had the commissioners been desirous to afford precise information respecting their medical arrangements, they would have required returns of the area and population of each district, the number and duration of the cases attended, the mode of appointment, the qualification, and the remuneration of the medical officers; but since they only inquired as to the existence of "dissatisfaction" on these points, we gather opinions rather than facts from the appendix to their report.

Reports from
242 Unions.

Seven of the assistant-commissioners have furnished the substance of the replies made by 242 unions,† which, being situated in different parts of England and Wales, may be supposed fairly to represent the whole number hitherto formed. Of these 242, dissatisfaction is reported in sixty, on account of the low rate of medical remuneration; in thirty-one, on account of the size of districts or distance of paupers from medical

* The commissioners were aware that the subject must "in the course of a short time come under the consideration of the Legislature."—*Circular, Feb. 21, 1839.*

† Mr. Adey	35 unions.
Mr. Weale	36
Mr. Tuffnell	45
Mr. Day	24
Sir E. Head	32
Mr. Clive	29
Colonel Wade	41

—
Total 242

The other assistant-commissioners merely give the general results, with the exception of a tabular statement of districts by Sir John Walsham.

advice; and in thirty-three, on account of neglect or inattention on the part of the medical officer.

So large an amount of dissatisfaction being admitted by those most anxious to conceal it,—it is difficult to comprehend the statement of the central board,—professedly founded on these returns, that “there is *but little* dissatisfaction prevailing in reference to existing medical arrangements.” Nor can it be allowed that the reports made by the guardians, through the assistant-commissioners, are calculated to convey any adequate idea of the dissatisfaction so generally felt by the public, the poor, and the medical profession.*

§ 15. Your Committee proceed, notwithstanding, in the first place, to examine the information supplied by the assistant-commissioners, with respect to *the extent and population of medical districts*.

i. Mr. Adey states, that out of thirty-nine unions, ten reported dissatisfaction, as to the size of the districts, on the part of the medical officers ^{Size of districts. p. 94.} “only.” Now, since these have in general been the last to object to the size of their own districts, it may fairly be presumed that a far greater amount of dissatisfaction was felt by others, and especially the poor.

ii. Mr. Gilbert remarks, “The size of districts has been complained of by those medical men who were *not* elected, as being too large, whilst the medical officers appointed have regretted that their districts were not larger.” This curious discrepancy in the reports of the two assistant-commissioners may be explained on the supposition that *both* were anxious to defend the extent of the districts by casting a slur on the motives of those who complained, though they selected opposite parties on whom to fasten the imputation. p

iii. Mr. Hall admits “that an amendment might in some unions be effected by diminishing the size of the district:” p. 103.

iv. And Mr. Weale, that the poor who reside in the parishes most remote from the medical officer, complain of the distance. p. 109.

v. Mr. Tuffnell, respecting the Milton Union, says, “Some dissatisfaction *on the part of the public* has been expressed as to the size of the district, one gentleman acting for the whole union, but the *guardians* are perfectly satisfied with the manner in which the medical duties are performed.”

In the Hailsham Union, “it is generally thought the districts are too large, and *much* dissatisfaction has been expressed *by the public* in some parts of the union as to the attendance of the medical officers.” p. 116.

* “We must not assume that the surgeons are contented in those districts where no audible murmurs are heard. An ordinary knowledge of human nature will convince the inquirer that oppression often derives its sharpest stings from the danger of complaint. This was exemplified in the investigations of the *Provincial Association*, which found too many country practitioners afraid of denouncing the boards which ground them down.”—*Medical Gazette*, p. 359, vol. ii, pp. 39, 40.

So, in the Hastings, Horsham, and Midhurst Unions, the poor of some of the "country" parishes complained of the distance of the medical officer's residence.

These casual observations with regard to a few unions shew what would doubtless prove to be the case in the generality, if properly investigated.

vi. Sir John Walsham has given a table of the size of his districts, whence we extract the following specimens of improperly large districts :—

Union.	District.	Population, 1831.	Length and Breadth.
Carlisle, St. Mary		11,135	3 × 3
St. Cuthbert		9,615	3 × 3
Gateshead	No. 1.	15,177	3½ × 3
Hexham	No. 1.	6,056	6 × 6
	No. 6.	5,540	8 × 6
Newcastle	No. 4.	13,000	Town.
	No. 5.	12,733	2½ × 1
	No. 6.	15,129	2½ × 1½
Stockton	No. 1.	8,834	4 × 3
Teesdale	No. 1.	7,682	12 × 7

Besides the above, there are several enormous districts, which, though containing comparatively small populations, are yet larger than necessary. For example, the four districts of East Ward Union, together with No. 4 of Hexham, and No. 6 of Teesdale, occupy a total area of about 400 square miles. Unquestionably, in such a wide extent of country, containing a population, in 1831, of 22,115, (now probably more than 24,000), there must have been more than six qualified medical practitioners desirous to accept office; yet only six were employed by the guardians.

p 30.

vii. Mr. Day states, respecting the Carnarvon Union, that dissatisfaction is felt very generally in the Carnarvon districts of this union; some of the parishes being beyond the Menai (!) cannot always be reached in stormy weather. "The poor" (naturally enough) "complained of a want of proper attendance."

As to the Drayton Union, he remarks,—“In some few cases of sudden illness, the distance from the extremity of the district to the surgeon's residence has been found inconvenient, though not so materially so as to induce the guardians to suggest a further subdivision of the present districts.”

It may be fairly asked, what degree of suffering among the poor would induce these guardians to diminish the districts? And what were the fearful results of these "few" cases of sudden illness occurring under such a system?

viii. Sir Edmund Head reports, that complaints exist, as to the size of districts, in six out of thirty-two unions.

On this point, as on others, he boldly enters the lists with the medical witnesses.

In referring to Mr. Farr's evidence respecting the Kington Union,—namely, that the distance from the surgeon's residence, in one direction, was one mile, in another ten miles,—he observes, “the fact is, that in all that space of ten miles, no medical man resided, so that none could be engaged nearer than Kington.”

In reply, it may be observed, that if at the extremity of this district no medical man could be engaged nearer than ten miles, it follows that in that locality the medical practitioners must have been twenty miles asunder, and consequently that an area of 300 square miles exists there without a medical resident! If Sir Edmund Head had referred to a map of the county, he would not have committed himself by such an absurd statement.

Again, with respect to the Ross Union, in reply to a complaint about the size of the districts, he says, “On inquiry, it appeared that one of the two union officers had, before the union, attended by separate agreement a number of parishes, exceeding by one that assigned to him under the new arrangements.”

So the objectionable arrangements of the new poor-law are to be continued, merely because those of the old were worse! Such appears to be the line of argument adopted by most of the defenders of the present system.

ix. Mr. Clive, in Norfolk and Suffolk, where the process of reducing districts under Dr. Kay had been carried on with success, reports several unions in which further reductions are desirable.

x. Colonel Wade's evidence on this question is of the highest importance. He seems to have steadily pursued an opposite course to that recommended by the central board, and adopted by his colleagues. Col. Wade's
opinions.

He wholly objects to the district system as applied to medical relief. He reports that “in many instances medical aid is not so promptly supplied, nor so frequently renewed, as it ought to be, chiefly because of the formation of *medical districts of parishes*, and of the consequent distance of the medical officer's residence from the party requiring his assistance.”

“I am of opinion, therefore,” says he, “that in all arrangements under the poor-law, the medical relief provided for paupers should be placed as nearly within their reach as possible; consequently, that no eligible medical practitioner should be excluded by the arrangement of a board of guardians, or be refused the charge of the parish in which he resides, for the mere purpose of obtaining the formation of a medical district of parishes of a given extent of area and population.”

Guided by those excellent principles, Colonel Wade has reduced the districts under his charge in Cambridgeshire, Essex, and Herts, to more reasonable dimensions.

They are undoubtedly smaller on the average than those in any other county except Norfolk.

The average population is 3,216, and the average area 10,574 acres, or about sixteen square miles.

Medical remuneration.

§ 16. Secondly; with respect to medical remuneration, and the mode of bestowing medical relief, the precise rate of payment is given only in some of Colonel Wade's unions; but even these instances are sufficient to shew that the medical arrangements are not founded on any uniform system. For example, in four unions, the rate *per case* is under 5s.; in two as low as 3s.

In those which adopt the pauper list, the rate *per head* is generally under 3s.; in one, only 1s. 6d., and in several the children are entered at 9d. or 1s. each!!

The frequent expression of "dissatisfaction" on the part of the medical officers, is, with the above exception, the only proof afforded by these reports of the inadequacy of the remuneration. This, indeed, was too obvious to be denied, even by the assistant-commissioners, some of whom nevertheless attempt to defend it.

Colonel A'Court's argument.

Thus, Colonel A'Court repeats the shallow and often refuted argument "that since well qualified candidates are seldom wanting for any vacant appointment, the present salaries may be presumed to be reasonable." To this your Committee must again reply, that in the present crowded state of the learned professions, a willingness to undertake duty, especially *official* duty, is no proof of the sufficiency or reasonableness of the remuneration offered. Examples without end might be adduced in support of this position. The application of Colonel A'Court's principle to his own salary might even be suggested. Supposing this were reduced to £400 or £500, does he flatter himself that there would be any lack of "candidates," as "well qualified" as himself to fill the office? Any reason which he might urge for the continuance of his salary at the present amount, would apply with equal force to an augmentation of the medical stipends.*

Sir E. Head's statements.

Sir E. Head also appears in defence of the present contracts; he objects to any "general increase" in the rate of remuneration, on the ground that it would not secure "an increase in the goodness of article."

* The commissioners do not forget in this very report to justify the amount of their own salaries, by the recognition of the principle for which we contend.

They observe, "It does not follow that an office which costs a considerable sum of money, is, on the whole, expensive, or that an office which is performed gratuitously, or even produces an immediate gain to the Government, is on the whole cheap."

He remarks—"I do not find by experience that the medical men who are the highest paid invariably do their duty most conscientiously."

Apart from its application to any particular class, Sir E. Head's remark involves a mere truism. No one would deny that an article is not always worth the sum paid for it, but it can hardly be supposed that Sir Edmund intends the reader to infer from this negative assertion, that, according to his experience, the medical men who are the worst paid invariably do their duty in the best manner.

If any one besides a poor-law commissioner should doubt that a higher remuneration is required, as a general rule, to secure superior medical aid, it might be worth while to argue the point.

Sir E. Head proceeds to assert that "the medical witnesses before the committee of the House of Commons persisted in viewing the payment for the poor by itself and for itself. They would not allow that it was fair to take advantage of the indirect payment which accrues by the increase or retention of private practice."

A more unfounded statement could scarcely be made; the fact being, that the estimates of the medical witnesses were calculated solely with reference to the connexion of parochial with private practice.

It is quite obvious that no medical practitioner could be maintained by a payment of 7s.—12s. for each case of illness, requiring on the average not less than six visits or attendances, with medicines, travelling expenses being included.

He must, of course, possess other sources of more profitable remuneration, or descend to the condition of a day-labourer.

The medical witnesses, therefore, did *not* estimate the parochial payment "by itself and for itself," but they stated the lowest sum which the medical officer, although depending on *private* practice for support, should receive for attending the poor.

§ 17. Colonel Wade's report contains some candid and unprejudiced observations on the system of pauper lists and payments per case. Many of his suggestions are highly judicious, and merit general attention. Col. Wade's statements.

He objects to including the names of persons not receiving relief, or, as he terms them, "independent parties" in the "medical pauper list," for the following reasons: that it is unnecessary and "opposed to sound principle," to declare "such persons paupers by *anticipation*," and that the frequent changes in the condition of labourers and their families would create considerable difficulty in determining, with justice to the rate-payers, and to the excluded "independent" labourers, the class which is "to be relieved medically, at the expense of the parish, for a whole year."

If, however, the pauper list were subject to revision every quarter of a year, or more frequently, the latter objection would be in a great measure obviated.

Colonel Wade does not admit the advantage of any variation in the sum per head, according to the condition, sex, and age of the several persons, or according to the total number on the list, and therefore recommends a uniform payment for all; in which suggestion your Committee coincide, provided it be in every case proportioned to the time during which the name may remain on the list.

After describing the advantage of the payment per case for casual applicants, he confesses that without some expedient to relieve parish officers from the responsibility of finally deciding on the several cases, he would prefer a return to the old fixed salaries.*

The expedient which Colonel Wade recommends for this purpose is *relief by loan*,† or rather *conditional* relief, until the cases shall come under the consideration of the board of guardians; his arguments for which (and, indeed, all his observations on this part of the subject), are in close conformity with the remarks contained in §§ 47, 48, 49 of the last report of your committee.

p. 127.

Colonel Wade lays down a few general principles for determining the amount of remuneration, which are for the most part unobjectionable; but his estimates of the sums per head and per case, as might be expect-

* "The many instances that have come under my own notice, in which both overseers and relieving officers have refused an order for medical relief, because, in the officer's opinion, the party applying was, or ought to have been, able to procure it for himself, *because destitution was not positively established*, or not unfrequently because (and of which the officer necessarily was the most incompetent judge) immediate danger was not apprehended, has induced me strongly to recommend that in 99 cases out of 100, the order should be *granted*, leaving it to the board of guardians to determine the question of the ability of the party, and whether he should or should not be called upon to indemnify the parish."—*Colonel Wade's Report, Appendix*, p. 156.

Sir E. Head also recommends that every order should be provisional till the next board day; that if the board decided the party to be a fit object for medical relief, then he should be paid for at the ordinary rate per case. If, on the other hand, the board decided "not to grant such relief, the medical officer should receive a smaller sum for his provisional attendance, or at his option, be left to recover his bill." But why should not the *full* sum per case be paid for the "loan" order, and thus attendance *secured* to the patient during the remainder of his illness, unless the medical officer preferred considering him as a private patient?

In the majority of such cases, the medical officer would never recover his charges; why then should professional charity be taxed, when the board might as easily proceed to recover the whole sum, as a part, from the patient?

‡ Colonel Wade strongly urges the necessity of some improvement in that provision of the act which relates to the recovery of loans; he observes, "The principle is a correct one, but the process tedious and inconvenient; and what with the unwillingness of employers to retain in their service men whose wages are attached, the supineness of the guardians on this particular subject, the neglect of the officers, and most particularly of the auditor in not compelling the repayment of loans, and, above all, the reluctance of the magistrates to lend their assistance, except in a very few unions indeed, although relief is frequently declared a loan, no attempt is subsequently made to recover it.

"This part of the poor-law administration then requires immediate attention and amendment, and, if possible, some more summary process for the recovery of loans should be devised, than that afforded by an appeal to the bench of magistrates, and the attachment of wages in the hands of the master."

ed from a poor-law commissioner, are below those of the medical witnesses. He proposes that the payment *per head* for the pauper list should be within the limits 2s. and 3s., and the average payment *per case* between 6s. and 7s. 6d. apparently including remuneration for distance. He, however, admits the propriety of extra charges for fractures and capital operations, which he estimates at £3 3s. and £5 5s.

§ 18. The peculiar circumstances of Sir John Walsham's district, in the north of England, are worthy of notice.

Sir John
Walsham's
arrange-

Owing to the small proportion of paupers, the average ratio of the medical salaries to the population is about 2d. per head—that is, about half that of some southern counties, and one-fourth less than the general averages resulting from the parliamentary returns; but then the payment per case is 10s., or three times the amount of the average deduced by Mr. Farr from the same returns.

The fact may be thus explained. In slighter ailments the poor of the northern counties seldom apply for medical aid. The payment of 10s. is therefore made for cases of a more serious description and fewer in number.

From the habits of the population, Sir John doubts the propriety or advantage of pauper lists in that part of England, since the present rate of remuneration would, he says, only produce 1s. or 1s. 6d. per head, (*a clear proof of the small proportion of pauper sickness which comes under the care of the medical officers*).

He therefore prefers adhering to the payment per case, and believes that no inconvenience has arisen from the practice, in his district, of requiring ALL the paupers to apply for orders before obtaining medical relief.*

It should, however, be observed that, in the unions under this gentleman's superintendence (and apparently only in these unions), the parochial clergy are authorised by custom to give orders, and thus the distress and danger to which the sick poor are liable, under the "per case" system, are greatly mitigated, if not entirely obviated. Having already discussed this point, your Committee need only remark that there appears no reason why the practice, adopted with such beneficial results in Sir John Walsham's district, should not be generally permitted in the case of those poor persons who are *not* on the pauper lists. But it should not be allowed to supersede the formation of such lists, the principal advantage of which this commissioner seems to have overlooked—namely, that they tend to secure attention to the slighter cases of illness, which, if neglected, might become serious, both as regards the patients, and the expenditure of the poor rates.

"Orders"
given by
clergymen.

The general necessity for "pauper lists" appears from the fact, deduced

Necessity for
"Pauper
Lists."

* "In nineteen cases out of twenty orders are applied for."

from the returns of the boards of guardians that in 104 of the 242 unions before mentioned,* the *permanent* paupers, including the aged, infirm, and helpless, are always required to apply for an order before receiving medical relief, and in sixty-two others they are generally subject to this hardship.† Yet the commissioners, in their final report, acknowledge that this class of poor should be placed directly under the care of the medical officer, without being compelled to seek for orders.

Prevalence
of appoint-
ment by
tender.

§ 19. Thirdly, with respect to the mode of appointing medical officers, your Committee regret to observe that the custom of requiring tenders is admitted to prevail in a large number of unions. In no fewer than 72 of the above 242 unions, the medical officers are still appointed by "tender," and in a larger, though not a clearly ascertained number, the unfair contracts originally made on this system continue unaltered.

p. 102.

Several other assistant-commissioners report the prevalence of appointment by tender. Mr. Hall, for example, admits that it is still acted upon in some unions, and that in *all* his district, "at some period or other, the system of tender has been adopted;" and Sir John Walsham avows that the medical officers of his district "have been almost invariably selected by tender, either direct or indirect."

Mr. Gilbert's
defence of
"Tenders."

Almost all the assistant-commissioners recommend the discontinuance of this mode of appointment; but, unfortunately, two or three are not ashamed to defend a practice which has been condemned by a parliamentary committee, by the entire medical profession, and by the intelligent and humane of all classes. Thus, Mr. Gilbert is "of opinion that the guardians ought not to be precluded from the power of resorting to tender when necessary, for should the guardians and the medical officers differ as to the amount, I see (says he) no mode of settling the question so likely to lead to a fair adjustment, as to put it to the medical practitioners, generally, for what amount they will undertake the duties."

It will at once be seen, that the method suggested by Mr. Gilbert is not, in fact, that of advertising for tenders. He attempts to disguise the real character of the transaction which he is anxious to justify. If, as he represents it, the question were put to the profession generally—that is, if the medical practitioners of each union were allowed to give their collective opinion upon it, a "fair adjustment" would undoubtedly ensue. To require tenders, however, is to put the question not *generally*, but *individually*, to them. It is effectually to preclude any thing like a general opinion.

It is not surprising that, in the unions under the management of a gentleman so beclouded in his views, and so unguarded in his expressions, "*some party* (according to his own Report) *has been more or less*

* Not including Sir John Walsham's.

† In Mr. Adey's, Mr. Weale's, Mr. Tuffnell's, and Mr. Gilbert's Unions, this abuse seems to be most prevalent.

dissatisfied with every arrangement that has been made" respecting medical relief.

Sir E. Head, ever ready to defend the most obnoxious features of the poor-law medical arrangements, contends that since "it is the interest of the public to secure medical services at the lowest rate which is compatible with their efficiency," recourse may fairly be had to pecuniary competition; and intimates that the profession might protect itself against the injurious consequences of such competition "by internal regulations."

Your Committee trust that the profession will act upon his suggestion; but surely he would do well to consider whether it is wise, just, or expedient, to oblige any class of the community, the intellectual no less than the manual labourers, to combine in defence of their legitimate interests. For what do "internal regulations" imply, if not some sort of combination? And have not numerous recent events shewn that this is the inevitable tendency of a diminution of wages, where the law does not interfere to protect the weaker party?*

§ 21. While some of the assistant-commissioners were occupied in lame attempts to defend a degrading and sordid competition for professional appointments, another, Sir John Walsham, proposed the only reasonable adjustment of the matter; though it would have been more creditable to him had he confessed the source whence he derived the idea.

"The guardians should nominate a special committee, to confer with a deputation from the medical practitioners of their respective unions; that the committee and deputation of any given union should, subject to the approval, and in the event of disagreement, to the arbitration of the poor-law commissioners, fix upon the sums to be paid in their several medical districts, and that so soon as the arrangements decided upon by them have been sanctioned, and the disputed points (if any) definitively settled by the commissioners, the guardians should proceed to appoint the medical officers to such and such districts," &c. &c.

It is needless to remind the profession that the above is the "*authorised official co-operation* of the medical body in each union with the board of guardians," which was suggested by the medical witnesses in 1838, and immediately afterwards petitioned for by this Association.

Sir John Walsham's plan only requires the "central medical authority" in connection with Somerset House, to complete its efficiency. Had such a system been adopted from the first, the necessity for "tenders" would never have been heard of.

Obvious as is the propriety and feasibility of such mutual arrangements

Sir E. Head's
defence.

Sir John
Walsham's
substitute for
"Tenders."

p. 123.

See Appen-
dix, No. 1.

* "We must leave the price of labour to find its own level," is the sophistical and heartless cant of modern political economists.

respecting the medical appointments and salaries, it is remarkable in how few unions they have been attempted.

Mr. Adey reports that in two unions only (Calne and Bradford) out of thirty-nine was it adopted; the most usual course, in the absence of pecuniary competition, having been for the guardians to take upon themselves to fix the salaries, and afterwards to advertise the districts.

§ 22. Fourthly, with regard to the inspection of medical duties.

Weekly
reports of
medical
officers.

The weekly reports of the medical officers are occasionally mentioned in the communications of the assistant-commissioners, who, however, as well as the guardians, appear since the parliamentary inquiry to have considerably moderated their tone of satisfaction on this point. They no longer speak with confidence of the value of these weekly reports, nor of their tendency to secure adequate and regular attendance on the sick.

The form for returns is confessed to be imperfect and ill contrived.

The information required is both scantily and incorrectly supplied.

The parties who have taken upon themselves to examine the reports, feel that they are utterly incompetent to form an opinion on the facts before them. Thus the want of efficient superintendence and professional inspection is apparent, if not acknowledged.

Your Committee would recommend an attentive perusal of the evidence of the Rev. F. Calvert, chairman of the Cosford Union, and especially that of the Rev. S. Clissold, ex-officio guardian of the Blything Union.* The result of the patient and unprejudiced observation of these gentlemen ought to convince the commissioners that such expedients are comparatively worthless, for ensuring a proper performance of duty.

Mr. Clive, Colonel A'Court, and Sir E. Head, suggest certain improvements in the form of returns and certificates.

Some of these alterations deserve adoption, though they would not supply the main defect of the system of superintendence—viz., the absence of medical inspectors.

Dietetic re-
commend-
ations.

This defect appears more striking from certain statements in the Reports of the assistant-commissioners respecting the diet of the sick; a subject which, in many unions, has occasioned much unpleasant discussion between the administrators of the law and the medical officers. The frequent directions of the latter for a supply of animal food and cordials to the enfeebled paupers, whose diseases often arise as much from the lack of proper nutriment as from any other cause, have roused the prudent anxieties of the guardians, and excited the sympathies of the commissioners.

Any irregularity or neglect on the part of the medical officers might perhaps be excused; but their extravagance is intolerable!

* Mr. Clive's Report, p. 146—7.

Thus Mr. Gilbert incautiously confesses that “the complaints of the guardians (of the poor?) seldom apply to the inefficiency or want of attention of the medical officers, but to the inconsiderate manner in which these are accustomed to give their directions for mutton, wine, and other articles for the sick.”

Although the responsibilities of union surgeons, on this head, were briefly considered by your Committee in their last Report (§ 36), recent debates in Parliament* have invested the question with so much additional interest, and some statements in the Reports, now under consideration, are so decidedly erroneous, that some comment on them is here necessary.

Mr. Adey asserts, that the poor are encouraged to seek medical relief, in consequence of “*the unlimited power exercised by the medical officers, in ordering relief in kind to aid the operation of their medicines, a power which they neither possessed nor exercised under the old law.*”†

Mr. Adey's
misrepresentation.

p. 94.

The misrepresentations contained in this brief sentence are too glaring to escape observation. The “power” of the medical officer is *not* “unlimited;” but, on the contrary, it is confined to *recommending* general relief, which is plainly not equivalent to “*ordering*” such relief. In some unions a further restriction is placed on this necessary power, as will be seen in subsequent statements of Mr. Adey; and also in Mr. Gilbert's report, where it is stated that the relieving officers are authorised to use their discretion as to fulfilling the directions of the medical officers.

p. 102.

If by “to aid the operation of their medicines,” Mr. Adey meant—to assist the recovery of the patient—it would have been more honest to say so.

The power of recommending relief in kind, medical men both “possessed” and “exercised” under the old law; and, in many parts of the country, to a far greater extent than under the present. Formerly, the medical attendant of the parish was considered the *SOLE* judge of the amount of extra diet; his directions were respectfully treated, and almost always complied with. But *then*, his position with relation to his employers was very different. He was either himself an influential parishioner, or else professionally connected with the principal inhabitants of the place; the interests of the rate-payers being, therefore, united with his own, his prudence and economy could be depended on no less than his humanity. When, however, parochial appointments

* The case of Mr. Rayner, of Uxbridge, brought forward by Mr. Wakley, March 22, 1841, excited a spirited discussion.

It appears to your Committee that Mr. Wakley went too far, in requiring that medical officers should have absolute power to “order” relief, though, of course, they should not be restricted in *recommending* it. The responsibility of declining to comply with their recommendations must, as the commissioners declared, rest with the guardians.

† The italics are the commissioners.

ceased, and he became *the servant of the board of guardians*, the bond of mutual interest between the medical officer and the rate-payers was destroyed. If this bond should be restored, which is not impossible, by a judicious amendment of the whole system of medical relief, it will terminate these discreditable disputes between the medical profession and the commissioners, which are now too clearly on the increase.

Scandalous
imputation.

Mr. Adey has not only endeavoured to convey a most incorrect notion of the "power" of the medical officers, but has impugned their honesty. For he states that, in obstetric cases, the poor women, and (to quote his own words) "*the midwives, frequently, I fear, at the instigation of the medical officer, make every excuse to obtain his attendance, knowing that relief in kind is invariably ordered by him,*" &c.

The commissioners, also, in their final Report, adopting the substance of Sir E. Head's remarks on the comparative advantages and disadvantages of the payment per case, and the fixed salary, repeat the insinuation, though in more guarded terms, when they refer to the tendency of the "per case" system to encourage such an abuse; but they do not go the length of asserting it for a fact.

Mr. Adey's charge, however, is so explicit, that the union surgeons in his district are bound, in justice to themselves and their profession, to demand a formal accusation of the parties to whom he refers. Nor have your Committee any misgiving as to the result of such a demand, if made.

This assistant-commissioner would then, doubtless, be reduced to the alternative, either of retracting the offensive imputations, or of maintaining a discreet silence, in imitation of his superiors, in 1835—6, when their unwarrantable attack on the character of the profession* was indignantly repelled by this Association, and by other large bodies of provincial practitioners.

Will medical
men submit
to this kind of
treatment?

But it is to be feared that the courage and independent feeling, which then characterised the proceedings of the medical profession, have since been well nigh crushed by the long continued operation of depressing influences, both from within and without; otherwise it is difficult to conceive, how the practitioners of an entire county† could submit, without public remonstrance, to regulations which prohibit the medical officers from recommending "any additional dietary (except in some *very special* case) to any of the out-door paupers."

How can medical men withhold a decided expression of their opinions, when they see the sick poor committed to their care, perishing, or at best struggling through protracted illness, for want of "relief in kind?" Would the philanthropic Dr. Alison, of Edinburgh, endure a

* See Poor-Law Reports of Provincial Association, 1836 and 1840.

† See Mr. Adey's Report (page 95) for Bedfordshire.

prohibition of this nature? Or the faculty of Paris, which not long since boldly remonstrated with the French government on its miserable dietetic provision for the inmates of the public hospitals!

If, as Sir E. Head believes, there really exist a disposition on the part of the medical men to encroach on the administration of general relief (which, under certain circumstances, is perfectly justifiable), the only safe remedy would be to constitute some professional authority in connection with the commission, to whom an appeal might be made.

Necessity for an appeal to some professional authority.

Your Committee cannot quit this subject without stating their conviction, that so long as the medical officers are amenable only to unprofessional persons, and their interests are in any way opposed to those of the sick poor, a mere augmentation of their salaries, unattended by other amendments, would increase the tendency of the present arrangements to suppress those recommendations, on behalf of their pauper patients, which might displease the guardians.

This view of the case must not be lost sight of in further efforts to obtain an amelioration of the system.*

With the exception of occasional suggestions on matters of detail, which may be more suitably noticed elsewhere, a review of the communications of the assistant-commissioners to the central board is now completed.

§ 23. Your Committee have next to consider the report of the commissioners (December 31, 1839), founded on these communications, and influenced by others emanating from the medical profession.

Recommendations of the poor-law commissioners.

The perusal of this report confirmed your Committee in their impression of the hopelessness of any permanent and satisfactory amendment of the system without the interference of Parliament.

It is true that the commissioners have recommended the partial adoption of many of the suggestions of the medical witnesses before the select committee of the House of Commons, in 1838; and, undoubtedly, an improvement would be effected, if even the limited reforms, sanctioned by the Report under consideration, were generally carried into effect.

The particulars in which the commissioners profess their readiness to amend the medical arrangements are the following.

- i. That the system of tender should now be abandoned.
- ii. That annual medical contracts should cease, and the Union surgeons be appointed, as chaplains, clerks, and other paid officers are, for an indefinite period.
- iii. That the salaries should be computed on an annual list of the *regular* paupers, and on the separate illnesses of the *casual* paupers.

p. 46.

On this point, however, the commissioners differ from the parliamen-

tary committee, Dr. Kay, and the medical witnesses, in confining the advantages of the pauper list to those in the actual receipt of general relief: also, in comprising the paupers of an entire district of several parishes in one list; thus imposing a uniform rate on parishes at different distances from medical advice.

iv. That the remuneration for the pauper list should amount on the average to 6s. or 6s. 6d. per case, "subject to be augmented if the district is extensive;" and that the payments for those not included in the pauper list should be on a somewhat higher scale; "but the commissioners are inclined to think that it will not be found necessary to exceed 10s. per case."

"Midwifery and surgical operations of a serious character to be paid for by a separate charge for each case."

It will at once be perceived from this, that the commissioners understate the estimate of the witnesses examined by the parliamentary committee.*

Such, then, is the amount of concession to the demands of the profession which this Report appears to sanction.

Medical relief was provided by law, long before the new poor-law.

§ 24. Your Committee would now direct attention to its unfavourable features.

First, it commences by an attempt, practised not for the first time,† to shew that no law, before the Poor-Law Amendment Act, authorised the provision of medical relief for the poor.

Now, it is difficult to conceive that, even under the law of Elizabeth, any efficient relief could be granted to the sick and infirm, without medical assistance, and if this were not afforded to the poor in the earlier period of the establishment of parochial relief (that is, in the 16th and 17th centuries), it was manifestly owing to the paucity of regular medical practitioners then in the country.‡

But with respect to more modern times, it is remarkable that the commissioners should have ventured to omit the slightest reference to the fact, that the common law of England had made distinct provision for the supply of medical relief,—that the courts, long before the new poor-law, had decided that the overseers of parishes were bound to provide such relief, and that, in default of so doing, the medical attendant might recover reasonable charges for his spontaneous services.

The tone in which the commissioners allude to the medical relief heretofore freely extended to the paupers of "15,000 districts," at so small a charge to the rate-payers, is ungracious in the extreme, and affords a

* See the preceding Report (1840)—§ 50.

† Vide Appendix Second Annual Report, (p. 50) Circular Letter on Medical Clubs, also Mr. Gulson's evidence (1753-4), Parliamentary Inquiry.

‡ See an able article in the *Lancet*, p. 20, vol. 2, 1839-40.

striking contrast to the fair, though brief allusion to the services of former parish surgeons, made by the commission of inquiry into the operation of the old poor-laws.*

§ 25. Secondly, This Report endeavours to set aside, or to weaken the force of, several important recommendations of the parliamentary committee and the medical profession with respect to the extent of districts.

A limit to the size of districts practicable and expedient.

The commissioners assert that no rule or scale of limitation could be generally enforced; and that the division of the Union into districts must, as now, be left to the uncontrolled discretion of the guardians.

But your Committee, distrusting the judgment of the commissioners, are desirous that the scale proposed by Mr. Serjeant Talfourd should be submitted to the consideration of the government and of the legislature.

The distribution of parochial duties must not be abandoned to the caprice of the guardians, who require, as many of them have confessed, some rule to guide them, in making a judicious medical division of the union.

Your Committee object also to the main principle laid down by the commissioners for regulating the extent of districts, which is, "that they should be sufficiently large to engage an important portion of the time and attention to the medical officer; and to create those responsibilities, those personal and pecuniary interests in the continuance to hold the office, which stimulate the officer to the efficient performance of his duty."

Now, in your Committee's last Report, the responsibilities and personal interests involved in sedulous attention to the poor of a small district are shewn to outweigh those connected with a large one.

§ 33.

If, by "an important portion of time," &c., the commissioners mean a portion so considerable as shall preclude the medical practitioner from devoting his principal attention to private patients, their system will inevitably fail. For, since the salaries of union surgeons necessarily fall far short of the ordinary rate of professional remuneration, and are utterly inadequate to their maintenance, they are compelled to make private practice their first object, whether they are established practitioners, or are seeking for more lucrative employment, by means of the introduction resulting from the union appointment.

The wisest course, then, for the administrators of the law would be, not vainly to oppose this obvious and natural tendency, but to frame their plans accordingly; and to entrust to each medical officer no more ill-requited duty than he can properly perform with justice to his family and his professional station.

* See the preceding Report (1840), § 17.

Your Committee are confident that the greater the facility afforded to the medical officer, by small and convenient districts, for the performance of his duty, the stronger will be his inducement to hold office.

§ 54.

It would be impossible, as was shewn in the preceding Report, for every parish to have a medical officer to *itself*; nor could such have been the case under the old system, although the commissioners have founded their argument on this assumption;* but what your Committee would contend for is, that the several parishes of a district should be separately committed to the medical officer, under a distinct pecuniary arrangement for each.

A change so desirable would not involve the circumstance, as the commissioners suppose, of each medical officer having only one or two cases to report upon;† for there are, probably, not more than twice the number of eligible practitioners now engaged, who desire parochial appointments; therefore, the average number of cases for each could be reduced only one half. Nor would it be necessary for the medical officers to attend the weekly meetings of the board “for the purpose of reporting cases;” which ought to be regularly performed in writing by them all. The advantage of a medical opinion at the board could be secured by admitting one medical assessor or referee, as the organ of the other practitioners in the union.

The foregoing remarks are rendered necessary by the unfair mode of representing the recommendations of the profession, in which the commissioners persist.

That they yet sanction the enormous districts condemned by the parliamentary committee, is manifest from the terms of approbation in which they allude to the performance of medical duties in these districts.

The tender system indefensible.

§ 26. Thirdly, with respect to appointment by tender:—although the commissioners advise that it should be abandoned, they again adduce reasons in its favour, as though it were not absolutely wrong in principle, but still open to discussion.

§ 21—§ 24.

Having already, in the preceding report, fully entered into this question, and having replied to all the arguments at any time advanced by the commissioners in defence of pecuniary competition for medical offices, your Committee do not consider it necessary to revert to the subject, further than to express their regret that the commissioners should have ventured to urge, in favour of the system of “tender,” a plea, which had been disallowed by the parliamentary committee—namely, that the public are to derive a profit by the disposal of that portion of the pri-

* “If each parish had its medical officer, as formerly”—Report of the Poor Law Commissioners, p. 45.

† “Moreover, much loss of time and inconvenience would arise to the medical men themselves, as it would be necessary for a great many of them to attend the weekly meetings of the board of guardians, although each might have only one or two cases to report upon.”—Report of the Poor Law Commissioners, p. 45.

vate practice of a neighbourhood which may be expected to result from the parochial appointment.*

Precedents may doubtless be cited for such an invasion of the private resources of individuals, even when legally and honourably acquired, on the pretext of promoting the public good. But, except under a revolutionary government, such precedents are rare. May they never again be required to justify the administration of any law in our country, hitherto so renowned for its equitable regard to individual interests!

§ 27. Fourthly, the observations of the commissioners respecting the qualification of medical officers, next deserve notice.

“We admit,” say they, “that it is very desirable that the medical men who are to have the charge of the poor should have experience in both branches of the profession;” nevertheless, “in the remote parts of the country, it would have been impossible to provide medical attendance on the poor, if we had adopted the recommendation of the medical profession, that we should exclude all who are not members of both the College of Surgeons and of the Society of Apothecaries.”

An improved qualification for medical officers attainable.

The preceding quotation affords fresh proof of the imperfect and partial view of the question which the commissioners present in their report.

This Association never proposed to enforce a complete medical and surgical qualification for those “remote parts of the country” in which the resident practitioners are without it; nor to exclude experienced medical men who, having already satisfactorily attended the sick poor, possess in reality a better qualification than the majority of those who have but recently passed the usual examinations.

What the profession have required is, that where practitioners of reputation and experience decline the appointment, and the guardians are, in consequence, compelled to appoint a junior practitioner, they should not be permitted to select or introduce one *who is merely a licentiate of Apothecaries’ Hall*. Neither should they be allowed to displace (as they frequently have done), gentlemen who are both members of the College and licentiates of the Hall, for the purpose of introducing those who possess only the latter qualification.

Sir E. Head, while defending the commissioners, admits that no one should be allowed to practise at all without the double qualification; but argues that, whereas the state has not insisted on this, as a protection to the community at large, it should not be required for attendance on paupers.

Your Committee would reply, that the independent portion of the community have the option of consulting fully qualified practitioners, which the paupers of many districts have not.

* “That the engagement with the board of guardians operates to promote the private practice of the party engaged; and that by means of the system of tenders, the public derive some part, at least, of this collateral advantage.”—Report of the Poor Law Commissioners, page 46.

There is a wide difference between the liberty of choice, with its attendant penalties, possessed by the independent classes, and the compulsory submission of the poor to the treatment of imperfectly qualified practitioners.

It might be inquired, on Sir E. Head's principle, why prisoners are supplied with an order of medical practitioners superior to many who are now let loose upon the community.

But it is, obviously, consonant no less with sound reason than with established usage, to require a complete qualification for every official appointment.

If the necessity for a legal qualification in medicine, surgery, and midwifery, were imposed on all candidates for union appointments, every medical student would, as a matter of course, pass the required examination; and thus the public would share the benefit of the enactment.*

§ 28. Fifthly, the next serious objection which your Committee have to offer to the commissioners' Report is, that it indicates an intention to postpone, for an indefinite period, those amendments which they acknowledge to be required in the medical relief department.

Intention of the commissioners to postpone, sine die, necessary reforms.

It should be recollected, that, in 1838, the assistant commissioner, Dr. Kay, who displayed a more correct acquaintance with the various bearings of the question than any of his colleagues, suggested for *immediate adoption*, these very alterations, together with others equally important;—and, moreover, that the parliamentary committee, impressed with the justice and propriety of the proposed amendments, advised the commissioners to carry them into execution.†

The commissioners, nevertheless, assign no reason, nor even offer an apology, for their apparent neglect of recommendations proceeding from such high authority.

It is true that, in 1839, when the commissioners instituted the inquiries which led to their Report, they intimated that Parliament would probably legislate on the subject; and in the Report itself, they again refer to the possibility of such an enactment;‡ but without the slightest allusion to any inability on their part “to originate the change;” on the contrary, they avow both the power and intention to give effect to their own recommendations.

To what end, then, it may be asked, is all this procrastination?—If the alterations are so expedient,—if they were sanctioned after a public investigation by the parliamentary committee, and their propriety further confirmed, after a second and private inquiry by the commissioners themselves,—on what ground can their adoption be delayed?

* Sir E. Head's other objections to the propositions of the profession are answered in § 55 of the preceding Report (1840).

† See the preceding Report, § 50.

‡ “Unless Parliament should lay down any course which it may deem preferable.”

Let not the Association be deceived by the commissioners' professed expectation of some legislative enactment.

The history of the last seven years justifies the apprehension, that they will endeavour to obstruct, rather than promote, any satisfactory reform of the system which may be proposed in Parliament.

The concluding sentence of the commissioners' Report implies, that the only chance of a speedy amelioration lies in the expression of a greater amount of "dissatisfaction" than has hitherto been elicited from the public and the medical profession.

Your Committee, therefore, hope that the profession, at least, will act upon this hint, though it is impossible to approve of the principle which would concede what is right, not from a sense of its inherent justice, but to the vehemence with which it is demanded.

§ 29. Before taking leave of the Report (Dec. 31, 1839), your Committee deem it advisable to refer to a passage in another part of that document.

Alluding to the obstacles which the administration of the law had encountered from the numerous existing interests with which it clashed, the commissioners proceed to remark:—

Medical opposition to the new system neither factious nor unreasonable

"We do not mean to cast any reflection upon any particular person or class of persons; but we only state what might naturally be expected of any large body of men, when we say that their judgments were likely to be biassed against a new system by which their profits were lessened, their power curtailed, or their habits broken, and that they were likely to condemn it on slight evidence, and to give a ready acceptance to *ex parte* statements unfavourable to it."

"It should, however, be remarked, to the honour of the legal profession, that although their profits were materially diminished by the reduction of poor-law litigation, consequent on the new act, they have never taken any prominent part against the measure, or used the great abilities and influence which they possess for the purpose of discrediting it."

As the foregoing paragraph opens with a disavowal of its application to any particular class, your Committee might be considered captious or over-sensitive in assuming that it had any reference to the medical profession, but the pointed and (considering the authorship) not very delicate eulogy of the legal profession in the latter sentence, leaves no room for doubt that an invidious comparison between the two professions was intended.

This impression is confirmed by the recollection of a vulgar libel on medical practitioners, which appeared more than five years ago in one of the numbers of the *Law Magazine*, but which evidently emanated from the same quarter*, for it could hardly have been penned by an independent member of the legal profession. The same train of thought is more

* This article is worth re-publication. "The new poor-law proceeds with a steady march,

or less manifest in both the passage from the Report and that from the *Law Magazine*, but the coarse vituperation of the earlier publication gives place to the ingenious and polite insinuations of the last.

With reference to the main question involved in these paragraphs—namely, the different conduct of the two professions on the introduction of the new poor-law, it may suffice to remark, that they were very differently affected by it. In the one case, the poor-law diminished the parochial practice, and, therefore, the remuneration of lawyers, by *removing the causes of litigation*. In the other, it diminished the remuneration of medical practitioners *without lessening disease and mortality among the poor*. On the contrary, it not unfrequently aggravated both—for instance, in the Bridgewater and other workhouses.

If it had been possible for the commissioners to diminish the necessities of the poor in this respect, and, consequently, to reduce their demands upon the profession, medical men would not have complained of a reduced remuneration.

§ 30. Your Committee have thus, at considerable length, submitted to the Association the result of their examination of the commissioners' Report and Appendix, the whole of which, although necessarily partial and defective in its testimony, is sufficient to prove that its authors and the boards of guardians, with a few honourable exceptions, continue either unable to comprehend, or unwilling practically to acknowledge, the nature of medical duties and responsibilities, no less than the claims of the sick poor.

At the very time when the documents, which have now been considered, were in preparation at Somerset House, or in course of publica-

crushing in its way much sessions practice. It has crushed also much medical practice, and here the public will observe the different behaviour of the two professions. The reduction of the sessions practice has been, from averages of forty appeals, to six, five, and one. Leaders of sessions have had their incomes reduced several hundreds a year; several have been compelled to abandon the sessions altogether. A great amount of learning, the result of much labour, is at once rendered useless; yet they are aware that the change is beneficial, and, without affecting to conceal its severity, they make no complaint. The medical men, on the contrary, who are simply prevented from charging exorbitantly for casual poor, and checked in making the parish pay their patients' bills, are banding together, and forming medical trade unions, with the view of petitioning Parliament to obstruct the change, and keep up their emoluments. The commissioners fix prices for their remuneration much greater than were gained by any of them for the separate parishes; but this is not enough—they clamour for an increase.

"The commissioners then say that they shall fix their own prices by competition or open tender. But this satisfies them still less, and they clamour louder and louder, as if the country were about to be depopulated because the consumption of pills is to be reduced. The commissioners have compelled the attorneys in a great number of instances to compete for their places, and to transact, as clerks, all professional business for costs out of pocket. Yet do they murmur? Does the Law Society in London, or do any of the local societies weary the Government with their complaints, or the House with their petitions?

"We believe it may be proved, that no profession has ever made larger sacrifices of interest for the public good, silently and unostentatiously."

See an able article in *The Lancet* of May, 1836, in which the foregoing extract is triumphantly refuted.

tion, your Committee received many important communications from provincial practitioners.

The information thus supplied, in addition to that collected by other medical associations,* or contained in the public journals, clearly shewed, what indeed the commissioners confirmed, viz. that the abuses complained of in 1838, not only still existed, but were almost unabated.

§ 31. Two or three flagrant instances of the iniquitous system pursued with respect to medical appointments are selected for notice in this Report.

Facts confirming the deductions made from the Commissioners' Reports.

1. A surgeon of great respectability, a member of this Association, residing in one of the western counties, who has been in practice for twenty years, and in parochial attendance, both before and since the introduction of the new poor-law, was recently supplanted by a young man, not a member of the college, nor even a resident for twelve months in the neighbourhood.

No reason was assigned by the board for dismissing the long-established practitioner, who is both a member of the College and a licentiate of the Hall, who never had the slightest complaint made against him, and who, at the time of his dismissal, employed an assistant with the double qualification.

The district contains more than 4000 inhabitants, and about sixteen square miles. The salary, which has not been altered, is only £55!

The change was made without notice, by a few of the guardians (friends of the present medical officer), who succeeded in electing their candidate in the absence of the majority of the board.

Some melancholy cases, occurring in the practice of this adventurer, too clearly demonstrated the cruelty of appointing a person wholly inexperienced to so arduous and responsible an office.

2. Your Committee were also informed that, at Wolverhampton, in May 1839, the poor had recently been placed under the care of a practitioner residing at Bilston, three miles distant. The entire district intrusted to him contained 45,000 inhabitants.

The plea, as usual, was that the guardians were unable to come to terms with the resident practitioners. Yet surely the latter were perfectly justified in declining a continuance in office, on the ground of inadequate remuneration, which amounted, on the average, to not more than 2s. per case, during the previous year.

A representation to this effect was respectfully made to the board of guardians, but without success.†

3. Again, the guardians of the Honiton Union, in 1840, required tenders. Four of the resident and long-established practitioners sent in three tenders, amounting in all to £171. "These were rejected, and a

* The British Medical Association, in their communication to the commissioners, mentioned several places where "tenders" were in active operation.

† A detailed account of this case may be seen in *The Lancet*, p. 505, vol. i, 1839-40.

perfect stranger appointed to the whole union at a salary of £130, by which was effected a saving of £41 to sixteen parishes, containing a population of 10,326.”*

4. An instance of the fatal results of extensive districts was officially recorded in September 1839, more than a year after the parliamentary inquiry.

On the 19th of that month, an inquest was held at Northfleet on the body of Harriet Court, a girl aged eighteen. It appeared that Mr. Parke, one of the surgeons of the North Aylesford Union, was summoned to attend her, and promised to come in the afternoon, but declared “he had so many patients to attend, he did not know which to go to first.”

The verdict was, “Died by the visitation of God;” to which the jury added, “that it is their opinion the medical arrangements, under the new poor-law, are both inefficient and cruel in their operation, and they cannot separate without expressing that opinion to the coroner.” The coroner, Mr. C. J. Carttar, expressed his concurrence.†

[Sections 32 and 33‡ relate to the proceedings of the Committee during the year 1839-40, and to the clauses proposed by Mr. Sergeant Talfourd, in July, 1840, for insertion in the Poor Law Amendment Bill. These clauses, together with his remarks in support of their objects, are reprinted in the Appendix (No. 4). Sections 34, 35, and 36 contain an account of the circumstances which led the Committee in January, 1841, to prepare another series of clauses, embodying the greater part of the learned Sergeant’s measure.]

Poor-law
Medical
Director.

§ 37. Your Committee would now advert to the principal features of the measure which they recommend for adoption by Parliament. (*See Appendix, No. 5.*)

Clause (A) provides for the appointment of a medical “director,” to superintend the medical department of the poor-law administration, subject to the approval of the commissioners.

For this appointment your Committee have ever contended, as essential to a real amendment of the system. It was the first of their original propositions in 1839, and of Mr. Talfourd’s in 1840. Your Committee are still firmly of opinion that, without a superintendent belonging to their own profession, the medical officers of unions will never occupy their right position, nor meet with that consideration which is no less due to their important office than beneficial to the community at large; nor will the physical necessities of the poor receive a proper share of attention.

* *Times*, April, 1840.

† *Medical Gazette*, p. 254, vol. i, 1839-40, and *Times*, September 20, 1839. See also an account of this union (North Aylesford) in the Appendix to the First Provincial Poor-law Report, p. 42, and in Parliamentary Evidence, 14763.

‡ See *Provincial Medical and Surgical Journal*, vol. iii, No. 11.

The present commissioners are manifestly unsuited for the duties of medical supervision; and, as it is not probable that the central board will be abolished, it is indispensable to require that their sanatory proceedings should for the future be guided by professional judgment and experience.

It has been objected, that a medical director might be merely a passive instrument in the hands of the commissioners; and that a gentleman professing the requisite qualifications of thorough acquaintance with the subject, prudence, courage, and humanity, could scarcely be found.*

But your Committee believe that the professional and public responsibilities attaching to such an office would, in great measure, counteract the former evil tendency; and that the personal qualifications of the proposed director might be safely left to the discriminating care of the Government, which has provided so admirably for the medical superintendence of the army and navy, in the persons of Sir James Macgregor and Sir William Burnett.

§ 38. Clause B relates to the extent and population of districts.

The earlier scheme of your Committee † suggested a limitation to the area of thinly populated districts; but it appeared, on further reflection, that such a limitation, in some parts of the country, would altogether prevent the appointment of any medical officers. That proposition, therefore, formed no part of Mr. Sergeant Talfourd's clauses of 1840; the extent of large districts being proposed to be limited only by the amount of population.

Limitation to the extent and population of districts.

To the latter proposal it is presumed there can be no objection. It would, surely, be impossible to find a population so numerous as 4000, in any part of England and Wales, having no convenient access to a legally qualified practitioner competent and disposed to take office.

In dense populations, the area would, of course, admit of limitation; and the scale proposed for this purpose is based upon the valuable statistical data furnished to the parliamentary committee by Mr. Farr and Dr. Kay, and corroborated by the evidence of other witnesses.

* "The temper and talents required for such an office, the faculty of nicely adjusting the right and the expedient, are rare indeed. It is pretty clear that his opinions must be of a good presentable medium between humanity and utilitarian sentiments. If he thought much of healing the sick, and little of lowering the rates, he would be called a tender-hearted simpleton, perhaps even a philanthropist, and must expect to find himself in a constant minority. Every one has read of impish orgies, which are suddenly broken up by the utterance of some sacred words; and we should imagine that any one bold enough to pronounce the phrase—'rights of the poor,' in a Somerset House conclave, would produce as sudden an adjournment as in those assemblies on the Harz mountains." . . . "We fear that, if a stout-hearted medical commissioner were to venture to tell his lay brethren what is really wanting for the relief of the suffering poor, he would be asked if he meant to make a joke of the Act."

—*Medical Gazette*, vol. i, 1839—40, p. 252.

† See Mr. Talfourd's letter, August 1839.

Reply to
Commission-
ers' objec-
tions.

The remarks in the 21st section of the commissioners' seventh and last Report, need not at all lessen confidence in the practicability of the scheme. The commissioners suppose a case in which the guardians might be compelled "to accept the services on any terms, however high, of the sole medical practitioner resident within the prescribed limits, whatever might be his conduct."* If the commissioners had examined the propositions of the Provincial Association, they would have perceived that, the remuneration being determined by the clauses following, no practitioner could be appointed with a salary exceeding the authorised rate; and that it is not proposed to require the residence of the medical officer within the "prescribed limits" of his district.

Thus, there would be nothing to prevent the appointment of a superior practitioner, although non-resident, except, indeed, the necessity of reporting the circumstance according to clause K.

Limits of re-
muneration.

§ 39. The next four clauses provide certain limits, within which the ordinary items of remuneration would be determined by the guardians, subject to the approval of the poor-law medical director.

These clauses were intended to supersede Mr. Sergeant Talfourd's third clause, which left the definition of such limits to the commissioners.

It always appeared to your Committee unreasonable to ask of the legislature a minimum payment, without suggesting a maximum, not merely as a protection to the public, but as an indication that the profession, in some localities, would not be satisfied with that remuneration which would be readily accepted in others. A medium fixed rate would probably incur opposition from both parties in different places. The physical and social condition of the population, and the habits of the neighbourhood, might reasonably influence both the estimate of the guardians and the demands of the resident practitioners.

These circumstances should, therefore, be permitted, within due bounds, to affect the salaries of union medical officers.

Pauper List.

Clause (C) relates to the formation and revision of parochial pauper lists.

Your Committee at first proposed a weekly revision of the pauper list. The commissioners had recommended an annual revision.†

On reconsideration, your Committee decided that a *quarterly* revision would be preferable to either. For it would meet the periodical variations in the number of paupers better than an *annual* revision ‡ and

* Do the commissioners, by this vague expression, intend *immoral* or *independent* conduct?

† Vide Report, December 31, 1839.

‡ The obvious objection to an annual list, not subject to revision, is, that, if prepared in the March quarter, when the recipients of relief are more numerous, such a list would be unfair to the rate-payers, and if in October, when the paupers are generally fewer, it would be unjust to the medical officer, and especially to those poor persons who might then be excluded.—See Sir E. Head's remarks, p. 140, Appendix to the Commissioners' Report, Dec. 31, 1839.

would avoid the troublesome and somewhat complex arrangements involved in a *weekly* revision.

Clause (D) defines the limits of remuneration for the pauper list.

In determining the rate of payment per head, the annual number of cases of illness and accident occurring in a given pauper population was estimated at about 67 per cent.*

The annual sum for each *pauper* would thus be two-thirds of the average cost of medical attendance for each *case*. Now this, as regards the "regular" paupers, had been calculated by the medical witnesses at 5*s.*, exclusive of the items of area and distance; the rate per head would therefore be equivalent to 3*s.* 4*d.*, or a sum between 3*s.* and 4*s.*, according to local circumstances.

The additional remuneration for rural districts should be determined by the area and distance (from medical advice) of the several parishes. Charge for distance.

Such an arrangement would necessarily require separate calculations of salary for each parish, which, indeed, your Committee have always urged on general grounds, and which is in strict conformity with the recommendation of the parliamentary committee, that "attendance on the sick should be made a parochial charge, each parish paying for its own cases."†

This was secured by Mr. Talfourd's seventh clause, which, although an essential feature of his measure, was rendered unnecessary by the definite provisions of the present clauses.

Special remuneration, according to the distance of those parishes in which the medical officer may not reside, would be more just, both to himself and to the rate-payers of the central and more populous parishes, than a higher payment for the cases of the whole district.

In conformity with this principle, a charge is proposed in the form of mileage, bearing a constant proportion to the salary for the pauper list; that is to say, *an addition to such salary of one-fourth for each mile of the distance from the medical officer.*

Such a provision would, doubtless, induce the guardians to commit the poor of the respective parishes to the nearest duly-qualified practitioner, and would thus aid the operation of clause B, in diminishing the extent of districts.

But besides "distance," your Committee considered that "area" should form an essential item of charge. *Every large parish, whether* Charge for area. *the medical attendant resided in it or not, would justly require an in-*

* This estimate was proposed first by the British Medical Association in their communication to Lord John Russell, May, 1840.

† According to the assistant-commissioners' Report in 1839, the medical salaries were frequently charged to the establishment. See Mr. Hall's and Colonel Wade's Reports. Also Woburn Union, p. 104.

crease of the payment per head. It has since been proposed, in order to simplify the calculation, to omit this item of charge. If it be omitted, your Committee are of opinion that, in extensive parishes, the rate per head should more nearly approach the maximum than in others; and that "distance" should be measured to the centre or more populous part, rather than to "the nearest boundary" of each rural parish.

Payment for
extra cases.

Clause (E) provides for cases occurring among those poor who may not be entered on the pauper list.

The parliamentary committee, the poor-law commissioners and medical practitioners, had unanimously assented to the principle, that the illnesses of casual paupers demand a higher average payment than those of the permanent class.

It is, therefore, proposed, that each order should incur a payment of not less than 6*s.*, nor more than 8*s.*; that is, *one-fourth* higher than the estimate for the cases of permanent paupers. And that the increase for distance should be in the same proportion as in the pauper list; viz., one-fourth (from 1*s.* 6*d.* to 2*s.*) additional for each mile.

For example, in a parish between five and six miles distant from the medical officer, the payment for each case would be fixed within the limits of 13*s.* 6*d.* and 18*s.*, according to circumstances; and if the intermediate rate of 6*s.* 8*d.* per case (without the augmentation) were adopted, the payment in that instance would be 15*s.* If the distance were between two and three miles, at the same rate, the payment would be 10*s.* per case. These sums will be found to coincide with the generally expressed wishes of provincial practitioners.

A reduction in the payment per case is proposed for cities and towns containing more than 10,000 inhabitants—a minimum of 4*s.* and maximum of 5*s.*, being considered applicable to the circumstances of such populous places.

This clause contains a provision for empowering the parochial clergy to grant orders for medical relief, in addition to the parties authorised to perform this duty at present.

Objections have been raised to this proposal, chiefly on the ground that the clergyman would not be responsible for his acts to the board of guardians.* There might be some force in this objection if the clergyman were invested with unlimited discretionary power to decide on the pauperism of each applicant, and to grant relief absolutely. (It may be a question whether such a power should be vested in any union or parochial officer.) But since the proposal is simply to permit the rector, vicar, or curate to order medical relief, *as a loan*, until the next meeting of the board, the guardians would always have it in their power

Orders to be
granted by
Parochial
Clergy.

* Colonel Wade entertained similar objections. See Appendix to the Commissioners' Report.

to protect the rates from expenditure on improper objects. Besides, if the expenses of medical relief fell on the parish, the clergyman and parochial officers would be constantly reminded of their responsibility to the rate payers.

It may be added, that the authorised interference of the clergy, in the supply of medical relief, would afford the sick poor a far greater security for sufficient medical attendance than they now possess in the weekly reports submitted to the boards of guardians.

For these reasons the provision has been retained, the objections appearing inconclusive, and it being the duty of the profession to suggest increased facilities for supplying the poor with medical relief,* compatibly with the interests of the rate-payers.

By clause (F) the remuneration for workhouses is proposed to be calculated according to the number of inmates, but a higher rate per head is mentioned than for out-door paupers. This appears to be justified by the much greater proportion of illness in workhouses, the number of cases attended in the year far exceeding the average weekly number of inmates. Besides, the workhouse medical officer has constant and laborious duties unconnected with the mere treatment of disease.

By clause (G) the cost of drugs, &c., is estimated at half the medical remuneration, without affecting the augmentation for distance and area.†

It was at first proposed that remuneration for difficult or protracted cases of midwifery, determined by clause (H), should be one guinea, with mileage. But this sum has justly been complained of by many practitioners as too low. Your Committee, therefore, have felt it due to the general opinion of the profession to alter the amount of two guineas.

A proper remuneration for such cases, and for surgical operations of a serious character (Clause I), has been sanctioned by the commissioners, and therefore needs no defence in this Report.

§ 40. Clause (K) is the same as Mr. Talfourd's fourth, with the additional proposal of remuneration for the Annual Medical Reports. This ought undoubtedly to be granted, in consideration both of the increased trouble which such Reports would impose on the medical officer, and of the valuable statistical information which they would afford to the public.

As it would be impossible to enforce in every union a regulation compelling either the medical officers to reside within their districts, or the guardians to allot each parish to the nearest medical practitioner, it was considered essential that, in these Reports, the extent of districts and the number of non-resident medical officers, should be annually brought under the cognizance of the Government and of Parliament.

* Mr. Wakley's propositions also contain a provision for empowering the clergy to grant orders. With regard to the recovery of loans, attention is requested to the remarks of Col. Wade, appended to the 17th section.

† See Mr. Farr's evidence. See also § 25 and 50 of the preceding Report.

Payment for
workhouses.

Cost of drugs
separable.

Payment for
midwifery
and surgical
operations.

Annual Me-
dical Reports

By this means, the attention of the commissioners and guardians would be constantly directed to the point.

Prohibition
of tenders.

Your Committee need urge nothing in defence of the clause (L) prohibiting tenders, which, without such prohibitory enactment, might still be advertised for, in order to determine the remuneration within the limits fixed by the previous clauses.

Qualification
of medical
officers.

The last clause (M), relating to the qualification of medical officers, has led to considerable discussion.

It appeared to your Committee, that the recommendations of the late distinguished Sir Astley Cooper, and of Dr. Marshall Hall, should be adhered to as closely as possible. Two years' previous practice, and the diploma of the College of Surgeons, in addition to his legal qualification, should be required of every future candidate.

The only exception, in the opinion of your Committee, should be in favour of those gentlemen who may have practised without the double qualification for not less than five or seven years before the proposed enactment came into operation.

The important question involved in this clause will be much simplified when a proper qualification for all medical and surgical practitioners shall have been established by law, an event to which the profession anxiously looks forward.

Length and
complexity
of these
propositions
unavoidable.

§ 41. Having now described the principal provisions of the measure, which your Committee, after a long and anxious consideration of the subject, recommend for the support of the Association, it appears necessary to notice an objection which has more than once been urged against these clauses—namely, that the minuteness of their provisions, and their general air of complexity, unfit them for the consideration of Parliament.

Strongly impressed with the advantage of producing a simpler measure, and fully aware of the difficulty attending any attempt to define the remuneration—preferring also a judicious system of administration to legislation on matters of detail—your Committee could have wished that Mr. Sergeant Talfourd's original clauses had been cordially and promptly supported by the whole profession. Under such favourable auspices, there would have been a reasonable prospect of their ultimate enactment. It was the denial of this general and vigorous support which led to the construction of the present clauses; and, however undesirable their length, repeated trials have convinced your Committee of the utter futility of all attempts to determine, by one or two brief propositions, the various particulars of parochial remuneration, *on the principles indicated in the Report of the Parliamentary Committee.*

Therefore, until a simpler and yet equally complete measure is produced, your Committee are warranted in assuming that the details of the question cannot be fairly settled on any other plan.

It is surely not at all surprising that a bill, which provides for the medical relief of more than a million sick persons annually, affecting too the duties and interests of nearly 3000 practitioners, cannot be compressed into fewer than ten or twelve clauses.

[The 42d section* refers to the propositions, which Mr. Wakley gave notice of moving, on the committal of the Poor-Law Amendment Bill. It is necessary to reprint only the following extract.]

In proposing these amendments, Mr. Wakley consistently adhered to the plan he had always advocated—namely, that the sick paupers should be allowed to apply to practitioners of their own choice.

Whatever might be the advantage of such an arrangement, it would be incompatible with the appointment of medical officers to parishes or districts by the boards of guardians. Involving no responsibility to the authorities at present entrusted with the administration of relief to the poor, it is irreconcilable both with the clauses prepared by your Committee, and with the recommendations of the parliamentary committee, the medical witnesses, and the poor-law commissioners.

For these reasons, it is most unlikely to be either sanctioned by Parliament, or adopted by the existing authorities.

The British Medical Association, in their Address to the Poor-Law Commissioners (1839), thus expressed their opinion of such an arrangement.

Mr. Wakley's clauses.
Opinion of the British Medical Association.

“It is acknowledged that there are several strong objections to the above plan. It would greatly lessen the value of parochial appointments, and it is feared that in districts where there were many medical men, the responsibility, by being so much divided, would also be lessened.”

“Any plan of medical superintendence could not be so effectually carried out, and the registers of the cases of disease would not be so carefully attended to.”

[The three following clauses contain an account of the proceedings of the Association, relative to this question, during the parliamentary session of 1841.]

§ 46. Your Committee, unwilling to interrupt the preceding narrative of transactions, relating to the main object of their appointment, have hitherto refrained from noticing a highly important collateral question, which appeared to demand their interference during the last session of Parliament, and has ever since engaged much of their attention.

VACCINATION
EXTENSION
ACT.

The act for extending the practice of vaccination, which came into operation immediately after receiving the royal assent in July, 1840,

* See Provincial Medical Journal, Vol. iii, No. 12.

was the result, as is well known, of the valuable labours of the section appointed by this Association to inquire into the present state of vaccination.

The Report of the council for 1839-40, contains so clear and concise an account of the origin and progress of the bill, that your Committee need only refer to its objectionable clauses, which were no sooner publicly announced, than vigorous efforts were made to prevent their enactment.

Its administration committed to the poor-law commissioners.

In opposition to the suggestions of this Association,* the conductors of the bill (Lord Ellenborough in the House of Lords, and Sir James Graham in the House of Commons) proposed to commit the superintendence of public vaccination to the poor-law authorities.

A comprehensive view of the subject would, in the opinion of your Committee, have indicated the necessity for a national board of health, to regulate this and other equally important matters affecting the physical condition of the people; or, if some existing institution were preferred, the National Vaccine Establishment, with an improved organisation and extended powers, would naturally have presented itself, as best adapted for the direction of national vaccination.

But, in an evil hour, Lord Ellenborough listened to those who were desirous to subject all the sanitary regulations of the country to the control of the poor-law commission; and, in acting on this principle, he was supported by a majority of both Houses of Parliament.

The remonstrances of the great majority of the profession were unheeded, so long as the medical corporations and the heads of the vaccine establishment maintained an unbroken silence.

The supineness of the Royal Vaccine Board, whilst its legitimate functions were thus assumed by non-professional parties, may be explained by the fact, that this establishment is governed by the principal authorities of the London colleges, who have long been accustomed to regard with indifference all questions relating to the public health, and the general interests of the profession.

Contracts for Vaccination.

The Vaccination Bill contained a still more objectionable clause, which empowered the guardians to **CONTRACT** for a general vaccination of the community.

After the many and forcible objections to the system of contracting for the medical relief of paupers, which had been urged by the profession, and were admitted by the better-informed and more humane portion of

* The petition appended to the Vaccination Report, and presented by the Marquis of Lansdowne, contained the following recommendations :—

“ That it appears to your petitioners to be the duty of the State to remedy this great evil by appointing regularly educated vaccinators, with suitable salaries, in districts sufficiently numerous to embrace the whole of the poor population of the country, and who shall offer gratuitous vaccination, at stated periods, to all within their bounds, keeping accurate registers of their proceedings, and communicating regularly with the national vaccine establishment.”

society, it is indeed remarkable that the legislature should have sanctioned the admission of so vicious a principle into this enactment.

The bill, with these obnoxious provisions, was directly at variance with Mr. Sergeant Talfourd's propositions for an amended system of parochial medical relief, including professional supervision, and a fair scale of remuneration determined by Parliament.

The council of this Association, consistently with its invariable support of these propositions, and at the suggestion of your Committee, memorialised the government on the subject, and urged the insertion of a clause, directing the payment of a specific sum (2*s.* 6*d.*) for each person vaccinated under the proposed act. This amendment was not adopted, although Sir James Graham afterwards assented to a proviso for regulating the amount of contract by the number of persons successfully vaccinated.

The bill went into committee on June 18th, when Mr. Wakley made a strenuous effort to substitute his measure, founded on the principle of permitting every applicant for vaccination to select the vaccinator, who was to be remunerated by a fixed charge, payable out of the poor-rates.

In this praiseworthy endeavour, Mr. Wakley was defeated by a small majority (56 to 39); but he succeeded in introducing two important amendments* into other clauses of the bill, which soon afterwards became law.

§ 47. The operation of the act fully justified the apprehensions and predictions of your Committee.

Working of
the Act.

The poor-law commissioners at once proceeded to limit the ordinary remuneration of the district vaccinators to *eighteen pence* for each successful case.

Proceedings
of the
Commis-
sioners.

Your Committee are prepared to admit that, under the former poor-law, the payments for pauper vaccination did not on the average exceed the present inadequate amount. And it is certain that but few unions, under the new poor-law, afforded a higher payment than that now proposed by the commissioners.† Vaccination was in fact generally included in the gross medical salary; and to this circumstance, as well as to the negligence of the boards of guardians, may be partly attributed the increase of small-pox within the last few years.‡

It should, however, be remembered, that, prior to the Vaccination Act, the parochial or union authorities contracted for PAUPERS only, and for

* One of these amendments enabled the guardians to appoint any duly qualified practitioner, the bill having before restricted vaccination to union medical officers.

† In the Honiton Union, only a few months before the passing of the Vaccination Act, the guardians advertised for medical officers, who were to receive one shilling for each case of vaccination, and were required to attend the paupers during its progress at their own houses¹

‡ See Parliamentary Medical Inquiry (15,046 to 15,055).

such of the working classes as were considered too poor to pay for vaccination.

Now, the privilege of gratuitous vaccination is extended to all who choose to apply for it, without reference to their circumstances or station; and the amendment (so called), which has just received legislative sanction, has removed the pauperising tendency of the gratuity.

It cannot, therefore, be matter of surprise that many who had been accustomed to pay their usual medical attendants, for vaccination, sums varying from half-a-crown to half-a-guinea, should avail themselves of the new act, and apply to the public vaccinators.

The reduction in medical remuneration, which the commissioners have thus effected, is severely felt, not only by the bulk of the profession, but by the district vaccinators themselves, in consequence of their being required to furnish complicated weekly schedules, a quarterly registration of cases, certificates, and copies of register, which demand more than double the time and attention necessary for registration on a simpler plan.

Not that your Committee object to the fullest returns being required from public functionaries, *so long as an adequate compensation is awarded them*; but surely it is absurd to term the paltry sum of eighteen pence “remuneration” for a successful case of vaccination, duly registered and reported.*

Such parsimony must tend to frustrate the benevolent intentions of the legislature in passing the Vaccination Extension Act.

The unfitness of the commissioners for the important duties devolving on them, in consequence of this enactment, is manifest both from their omission of any provision for insuring a constant supply of fresh vaccine lymph, and from their absurd stipulation for the services of the medical contractor “whenever he is personally applied to at his own residence.”

A medical director, at least if practically acquainted with the details of vaccination, and the mode of conducting “general practice,” could not possibly have committed such egregious blunders.

While, however, your Committee assert the incompetence of the commissioners, it is impossible to peruse their last (seventh) Report, without feeling satisfied that they have endeavoured to the utmost of their limited ability to fulfil their new medical duties. At all events, they have taken considerable pains to enlighten the guardians with respect to the theory and practice of vaccination.

The proceedings of the boards of guardians, with respect to this department of medical duty, were not less injurious than those of the commissioners.

Proceedings
of guardians.

* Re-vaccinations, however successful, and failures however numerous, are not paid for, although both these classes of cases have to be reported to the guardians.

Not satisfied with the general attempt to impose an eighteenpenny fee for vaccination, the guardians in many unions advertised for tenders; and, in some, literally offered the pittance of one shilling—in others, even of sixpence—for each case.*

Nor were there wanting medical men who seemed eager to vie with poor-law commissioners and guardians in degrading their profession, by tendering their services at the lowest of the above rates.

In almost every locality the working of the Act has led to dissension and altercation either between the guardians and resident practitioners, or among the latter themselves.

As respects the profession, therefore, the measure has proved one of *Effects*, injury, oppression, and degradation; while, with reference to its professed object, it must be considered a failure.

The efforts of medical practitioners to extend vaccination among the working classes have been checked by removing the ordinary inducements and facilities for its performance; and the distrust and apathy of the poor have been increased, by connecting this invaluable protection with the administration of the poor-law.†

* The guardians at Stockport offered 6*d.* per case, which was accepted by only one person, whom they appointed to the whole union, and afterwards raised his pay to 1*s.*!

† The guardians at Bradford offered 9*d.* per case; and at St. Matthew's, Bethnal Green, 1*s.* which was accepted!

Tenders were sent in at Whitechapel to vaccinate for 6*d.* per case! and at Bridport for 1*s.*!

‡ It is remarkable, that only a few months before the passing of the Vaccination Extension Act, the Government sanctioned a far superior system for the West Indian colonies. This plan reflects great credit on the executive authorities of Barbadoes, and might well have suggested some important hints to the Legislature of the mother country.

RESOLUTION OF THE BOARD OF HEALTH.—BARBADOES, 1839.—“Whereas it is desirable that the inhabitants of this island should be protected against the infection of small-pox, by the only known preventive—vaccination: and whereas the prevailing apathy and indifference, both as to the march of the pestilence and the dissemination of its antidote, are general . . . notwithstanding the facility afforded by the establishment of local stations, and the attendance thereof of the faculty, gratuitously, to vaccinate all who may require it:

“It is therefore deemed expedient by the board of health . . . that vaccinators-general be appointed by his Excellency the Governor-general in each of the several parishes of this island, whose duty it shall be to visit the houses and places of abode of the people of all classes within this island, and there to vaccinate all persons who may be presented for the purpose; and it shall further be the duty of such vaccinators-general to make at least three subsequent visits to all such persons as they shall from time to time have vaccinated, in order to witness the progress of the vaccination, and to determine on the success or failure of the same: and such vaccinators-general shall keep a journal, in which shall be recorded, in a tabular form, and entered daily, in a fair legible hand, a statistical account of every case that he shall have treated in the course of each day; a copy of which said journal, duly authenticated on oath before a justice of the peace, shall be forwarded by each vaccinator-general to his Excellency the Governor-General; and for every subject so returned on oath as having been successfully vaccinated, the said vaccinator-general shall receive, on a warrant from under the hand of the Governor in Council, directed to the treasurer of the island, the sum of *five shillings* currency, out of the public treasury of the island.

“It shall be further the duty of the said vaccinator-general, in case of the refusal of any person or persons to receive vaccination when the same shall be offered, to make an entry of such refusal in his journal, to be kept as aforesaid.

Working of
the Act in
Ireland.

§ 48. In glancing at the operation of the Vaccination Act in Ireland, your Committee are forcibly struck with the total inapplicability of the measure to the peculiar circumstances of that country, and with the extraordinary proceedings of the Irish poor-law commissioners in carrying it into effect; proceedings which seem to be even more arbitrary and offensive than those adopted in England.

Gratuitous vaccination having been previously supplied by the medical attendants of the district dispensaries and infirmaries of Ireland, any arrangements for the further diffusion of this benefit might, with propriety and advantage, have been based on the system already established; the organization of which, if defective, could have been improved.

But instead of pursuing a course so reasonable in itself, and so acceptable to the Irish profession, the English arrangements were forced on them, with this additional feature of injustice, that the payment per case was reduced to one shilling if under two hundred cases, and to sixpence if above that number. Well might the medical Association of Ireland indignantly resolve "that such lower remuneration should not be accepted, there not being the slightest ground for treating the Irish medical practitioner, as if his services were less valuable than those of the medical practitioner of England*."

The result might have been anticipated. In the greater number of unions the most respectable members of the profession declined the appointment of public vaccinator; and the important duties of the office have, in consequence, fallen into the hands of inexperienced or inferior practitioners†. In some unions the new Act appears to be absolutely inoperative.

* Colonial Office, Downing-street, Feb. 10, 1840.

† These resolutions having been submitted for the consideration of the Lords of the Committee of Privy Council for Trade, by whom the sanitary regulations in this country are superintended, their lordships have stated that they approve of the appointment of district vaccinators in Barbadoes, and that they recommend the appointment of similar officers in the other West Indian colonies."

* Report of their Council, "Dublin Medical Press," vol. v, p. 342.

† For example, in the Ennistimon Union, it is stated, in the "Dublin Medical Press" of last February, that the guardians had previously paid £20 per annum for the vaccination of each district, an arrangement which appeared to give general satisfaction. The commissioners, however, annulled these appointments, and dictated the usual terms per case. The medical residents unanimously declined the offer; and, indeed, any remuneration lower than 2s. 6d. for each successful vaccination. Two apothecaries offered to vaccinate for 1s. 6d. per case, but neither physician, surgeon, nor apothecary, could be found to undertake the duty at the commissioners' terms.

"An itinerant propagator of the small-pox was, however, ready to supply the vacancy; and unless the commissioners have since refused assent to his appointment, he is now in office.

The following is stated to be a verbatim copy of his tender:—

"Corofin, Feb. 11, 1841.

"To the Right Honourable the Board of Guardians, Ennistimon.

"I promise and propose, faithfully and without any failure, to vaccinate—that is to say, I

§ 49. Such being the actual state of public vaccination in England and Ireland, your Committee strongly urge the Association to endeavour to procure a thorough change of system. Necessity for an alteration of this Act.

The medical relief clauses afford a suitable opportunity for proposing such amendments in the Vaccination Act as may be generally approved by the profession. Your Committee have inserted in the clause (L) a prohibition of “tenders” for vaccination; but it might also be advisable to add the original clause suggested by the memorial of the council to government (see § 46).

§ 50. Having referred to some of the medical arrangements of the poor-law commissioners in Ireland, your Committee would, in the next place, briefly notice their mode of appointing and remunerating the medical attendants of the Irish workhouses*. Medical appointments in the Irish workhouses.

Undeterred by the general dissatisfaction and ill success which have attended their attempts to provide medical relief for the English poor, the commissioners proceeded on the same indefensible and mischievous principle—that of “obtaining medical attendance on the lowest terms”—in the sister island.

[P.S. It appears from the Report of one of the assistant commissioners,† that the cost of medical attendance on the inmates of workhouses varies from 10*d.* to 2*s.* 8*d.* per head per annum, the average being nearly 1*s.* 5*d.*; also, in the North Dublin Union, where the remuneration is above the average (viz. 2*s.* 1*d.* for each inmate, or £10 10*s.* for each 100 inmates), 5,750 cases were attended in sixteen months, the total cost of medical relief during that time being £280, which affords an average of less than 1*s.* for each case of illness and accident!

Further proof of the absurd inadequacy of the medical salaries in Ireland may readily be adduced. From several returns in the possession of your Committee, the usual rate of remuneration, including medicines, &c., for English workhouses, appears to vary from £15 to £20 for every 100 inmates; rather less in the metropolis and more in the country. Mr. Farr had calculated that the number constantly sick in workhouses was a little more than 10 per cent.; and he recommended that the salary

will cut with cow-pox, according to the Act, all persons who have not been vaccinated, no matter in what part of said union. I engage to do it in the most durable manner; and I will use the strongest infection fresh from the cow, or the genuine mahogany scab.

“I can get many gentlemen in the country for whom I did business to certify for my experience and competency; and I am prepared to answer all questions concerning the variolous and small-pox infections, as well as the vaccination.

“I also engage to do all for one shilling a-piece, and at their houses too. I never get less, nor will I take less than it.”

* The Irish poor-law provides no out-door medical relief, which, in most places, is supplied by the established medical charities.

† Mr. Phelan.

should be computed at £4 per-annum (medicine £2, and advice £2) for each person constantly sick, which would amount to £40 for a workhouse containing 100 inmates. The clause (F) proposed by your Committee would not raise the salaries quite so high, but would afford from £22 10s. to £30 for every 100 inmates*.

Remuneration less than in England.

These facts and estimates shew that the pay of medical officers in Ireland is decidedly lower than in England; and that were the clause recommended by this Association to be enacted, the present amount of Irish workhouse salaries would, on the average, be more than doubled.

The poor-law commissioners, in refusing to sanction the proposal of the guardians of the South Dublin Union to increase the remuneration of the workhouse medical attendants, manifest a determination to adhere to the early characteristics of their miserable system. Sir H. Marsh and Dr. Cusack, two of the most eminent medical men in Dublin, after deliberately investigating the case, at the request of the guardians, have arrived at the conclusion that the salaries are wholly inadequate. The commissioners nevertheless persist in refusing assent to any increase. They even propose still further to degrade the profession, and to injure the sick poor, by substituting one "medical officer" for the physician and surgeon, who are now jointly charged with the laborious duties of the appointment†.]

Present state of the Poor-law Medical Relief.

§ 51. Your Committee now turn to the *present* state of the administration of medical relief in England and Wales.

In September 1840, the commissioners stated, in reply to an inquiry from the British Medical Association, that "they have hitherto perceived little disposition on the part of the boards of guardians to adopt their recommendations‡." And yet they hesitate to convert these recommendations into positive regulations!

The same disinclination of the guardians to amend their system is evident from the last (7th) annual Report of the poor-law commissioners.

Commissioners Seventh Report.

It appears that a circular was addressed to the guardians in March last, inviting their attention to the previous suggestions of the commissioners, and inquiring as to the efficiency of the medical arrangements.

The replies from 117 unions (contained in that Report, p. 9) shew that the guardians, as on a former occasion, are for the most part perfectly satisfied with their own proceedings, and, in many instances, express their decided objection to any alteration.

In 48 of the 117 unions the guardians state their opinion that the districts are "not too large;" in 8 or 9 only do they profess to be ready to reconsider this point; in 60 they afford no information respecting the medical districts.

* See table of workhouses, Appendix to Parliamentary Evidence, p. 147.

† See "Dublin Medical Press," vol. vi, pp. 106, 143, 254, and 300.

‡ See *Lancet*, vol. i, 1840-1841.

In 15 of the 117 unions, the guardians confess that the practice of advertising for tenders is still continued; in 12 only have they discontinued it; in a few it has never been adopted; but the majority of these unions make no return as to the continuance of appointment by tender.

A considerable number object to the "payment per case and pauper list," but without assigning their reasons.

It is highly improbable that the commissioners have selected the replies from these 117 unions to the prejudice of their system; it may therefore be fairly concluded that the remaining four-fifths of the unions in England and Wales would afford, to say the least, an equally unfavourable picture of the present medical arrangements.

The absurdity, then, of leaving the future administration of medical relief to the "improving care" of the guardians, is no less palpable than the necessity for legislative interference.

Your Committee continue to receive information of medical districts so extensive as to incapacitate the medical officers for the proper performance of their duties, and to deprive the distant paupers of prompt relief; also of the selection of medical officers by tender, and of the appointment of imperfectly qualified practitioners. Evidence of continued abuses.

One of the most flagrant instances of the "tender system" lately occurred in the Greenwich union, where the disgraceful pecuniary competition, on the part of the numerous medical candidates, and the low intrigue on the part of the guardians, exhibit in its worst aspect the "moral degradation"* attendant on the system.

Other instances, recently recorded in the medical journals and provincial newspapers, might, if necessary, be cited; but the reports of the commissioners are quite sufficient to prove the continuance of abuses.

The same unexceptionable authority may be appealed to for proof that no general increase has taken place in poor-law medical remuneration since 1837.

The total expenditure in medical relief for the year ending March 25, 1840, is stated at £171,781.

This would scarcely afford 2½*d.* per head on the population of 1831, and somewhat less on the real population of the year; while Mr. Farr shewed that, in 1837, the ratio of medical salaries to the population of eight counties was 3¼*d.* per head.†

So with regard to the general expenditure for the relief of the poor in England and Wales, amounting to £4,756,965, the proportionate cost of medical relief in the same year was only 3.34 per cent.;‡ whereas, in 1837, the proportion was calculated by Mr. Farr at 3.6 per cent.

* See *Lancet*, p. 160, vol. i, 1840-41. An article in the *West Kent Guardian* (Oct. 10, 1840) on this transaction is well worth perusal.

† Appendix to Parliamentary Inquiry, p. 141.

‡ This is, probably, a little below the real sum, for the commissioners have failed to ascer-

Mistaken
principles of
administra-
tion.

§ 52. Your Committee, in taking leave of the last report of the commissioners, would express their regret that these gentlemen should be so deeply imbued with utilitarian prejudices, as to apprehend evil consequences to society at large from the establishment of a more "complete and effective system of medical relief" for paupers.*

They fear, to quote the words of their report, lest the "superiority of the condition of the pauper over that of the independent labourer, as regards medical aid, will encourage a resort to the poor-rates for medical relief, and will thus tempt the industrious labourer into pauperism." A clearness of moral perception, and a firm conviction that no injury to society can result from practically adhering to the great principles of justice and humanity, would speedily have dispelled such needless alarms.

But, even on the ground of expediency, the commissioners might have satisfied themselves that the superiority of the medical relief afforded to the poorest class of society must tend to elevate that procured by the class immediately above them.

It is evident that a numerous body of highly educated medical practitioners, dispersed throughout the country, must create, among all classes, a corresponding demand for the best medical advice.

That portion of the labouring classes which can afford to remunerate

tain the expense of medical attendance in 239 of those parishes not yet in union under the new poor-law

It is worthy of remark that, among all the statistical tables and returns, published by the commissioners in their annual Reports, there is not one which furnishes the actual number of unions already formed, specifying their names, their total population, and total expenditure for the relief of the poor.

The Appendix (F) to their 7th Report gives the amount of expenditure, under separate heads, in each of 606 unions and incorporations; but without mentioning the sum total of their expenditure, or their population.

In the 5th Annual Report, Appendix, p. 178, the number of unions declared up to May 1, 1839, is stated to be 587; and their entire population 11,751,437.

Although the names of these unions are not mentioned, it is probable that they are all included in the above 606; as are also two unions formed since May, 1839, with a population of 29,717—namely, Lancaster and Sedberg (6th Report).

It is, however, impossible, except by laborious calculations, from all their Reports, to say which of those 606 (besides Lancaster and Sedberg) constitute the above 589 unions.

Thus, the ratio of *medical* expenses to the population, and to the *general* expenses, does not appear on the face of the Report.

The commissioners' tables are not always to be depended on, for they shew that the population of 592 unions (adding Liverpool, Manchester, and Reeth to the beforementioned 589) is 12,097,387; also, that the population *not* in union under the Poor-law Amendment Act is 1,715,156 (p. 31), and, consequently, that the grand total is 13,812,543, according to the census of 1831, whereas the real population of England and Wales amounted then to 13,897,187. What becomes, it may be asked, of the remaining 84,644 persons? And which of those 592 or 606 unions constitute the "583" which the commissioners mention (at p. 40), as if they were all the unions hitherto formed?

These deficiencies, discrepancies, and inaccuracies, are highly discreditable to public documents, especially to statistical returns.

* See their Report, pp. 16 and 17.

the medical attendant of their choice, on a scale equal, at least, to that proposed by the profession for attendance on paupers, will be able to secure equally effective aid; for there are few medical practitioners who would not prefer attending such parties as independent patients, even at the payment per case recommended in this report.

Such of the poor, on the other hand, as cannot afford even this moderate payment, ought, without any hesitation, to be adequately provided for, in sickness, by the public.

To encourage an inferior order of medical attendants, by "throwing" the greatest possible proportion of the industrious classes, "on their own resources," would in the end prove an infinitely more serious evil to the community than a slight temporary increase of poor-rate expenditure.

§ 53. The anomalous relations subsisting between the authorities constituted under the Poor-law Amendment Act and the medical profession have recently extended to several collateral questions besides the Vaccination Act, and are yearly becoming more numerous and complicated.

Sanatory regulations should not be under the control of the commissioners.

This consideration should stimulate the Provincial Association to redoubled vigilance with regard to future legislative measures.

It is worthy of observation that the poor-law authorities, within the last two years,* have been empowered to investigate and improve the sanatory condition of the working classes;† and that a strong disposition evidently exists on the part of government to confer on these functionaries additional powers for this purpose.

The commissioners have more than once recommended,‡ and their suggestion has already been adopted to some extent, that the boards of guardians should be invested with functions properly belonging to local "boards of health."

Now, although your Committee are fully convinced of the urgent necessity for instituting sanatory boards, especially in large towns, they have the strongest objection, not only to the delegation of such functions, whether directly or indirectly, to boards of guardians,—but also to the subjection of any officers, who may be charged with the care of the public health, to the control and authority of the poor-law commissioners.

With reference to this important subject, your Committee would suggest that, in every populous town, and in every rural "hundred," a board of health might be formed, consisting of all the resident medical practitioners, or of some as representatives of the rest, together with other per-

* By the act 2 and 3 Vic. c. 71, § 41.

† See p. 43, 7th Annual Report of Poor-Law Commissioners, and p. 70 of the Appendix.

‡ See Dr. Kay's evidence (Parliamentary Inquiry, 16074).

sons of education and intelligence, especially members of the clerical and legal professions.

The deliberations of these gentlemen might, in corporate towns, be aided, and their proceedings strengthened, by the ex-officio presence of the municipal authorities; and, in the hundreds, by that of the county magistrates.

At all events, these boards should be entirely independent of, and unconnected with, boards of guardians; and should even be empowered to revise and check any proceedings of the latter bodies, which might injuriously affect the physical condition of the lower orders.

Your Committee would also remind the Association, that the poor-law commissioners have proposed that county lunatic asylums should be controlled (in part, at least) by themselves and the boards of guardians, or else that power should be vested in the commission to combine a number of unions for the purpose of forming asylums to be appropriated solely for the reception of paupers.*

The latter proposition was embodied in a clause of the bill recently introduced for the further amendment of the poor-laws, but was not pressed for consideration during the last session.

It is highly improbable that the governors of county lunatic asylums will submit, without remonstrance, to the enactment of either of the above extraordinary propositions. But your Committee trust that the profession, also, will vigorously oppose the interference of poor-law commissioners and guardians in the direction of these noble institutions, and will protest against depriving the most unfortunate class of mental sufferers of the generous and humane protection which they now enjoy under a superior order of managers.

[Your Committee have the satisfaction to announce that it is contemplated, in influential quarters, to propose that the expenses of pauper lunatics be no longer chargeable to their respective parishes, but to the county fund. The beneficial tendency of such an arrangement is obvious, and could only be frustrated by the circumstance, so highly improbable, of the poor-law commissioners being permitted to interfere with the expenditure of the county rates.]

Further encroachments. Again, by the 46th and 47th sections of the Irish Poor Relief Act, the duty of "inspecting and examining into the administration" of the medical charities of Ireland, has been committed to the poor-law commissioners. The inquiries accordingly made into the condition of the fever hospitals and dispensaries, have led them to suggest, that the principal

* See Mr. Gulson's evidence (Parliamentary Medical Inquiry, 1785, 1798, 1807.)

share in the management of these establishments should be vested in themselves !*

In Scotland, also, the commissioners have been authorised to institute a sanatory inquiry.

Thus, in each division of the empire, the poor-law commissioners are found encroaching on the prerogatives, privileges, and duties of medical practitioners. All classes of the profession should therefore unite in the demand for some protective enactment.

§ 54. On surveying the numerous plans which have been proposed for improving the medical police of this country, your Committee are im-^{Duty of the profession.}pressed both with their diversity, and with the little progress hitherto made in arriving at any satisfactory conclusions on the subject.

The members of this Association seem therefore called on to devote increased attention to this momentous question, in all its ramifications, and to spare no efforts to obtain a revision of the present defective arrangements, with a view to promote the physical well-being of the community, through the instrumentality of the medical profession.

Although your Committee might feel disposed to recommend some general measure for regulating the various departments of public hygiene, they consider that the present duty of the profession is limited to a narrower field, and that it would be unwise to neglect the opportunity now offered for procuring a mitigation of the evils which press so heavily on a large body of medical practitioners.

However preferable an arrangement might be, which would entirely prevent the interference of the poor-law commissioners with medical duties, your Committee are perfectly aware that, in the present uninformed state of public opinion, it would be useless to insist on such a change. Still more obvious is it, that members of our profession would be stepping out of their legitimate province, and would descend into the noisy arena of general politics, if, *as a body*, they supported the demand for the abolition of the poor-law commission.

The Association, therefore, is earnestly recommended to employ all its energies to secure the enactment, in the forthcoming bill, of such modifications in the constitution and powers of the central board of commissioners, as shall terminate those abuses *which particularly affect the profession* ; and thus establish a precedent for future medical legislation on a more extended scale.

* See their Report (just published) on the medical charities of Ireland.

APPENDIX.

No. 1.

The Petition of the Council of the Provincial Medical and Surgical Association to the House of Commons, in July, 1838.

“The Petition of the Council, &c. &c. &c., humbly sheweth,

1. “That the obnoxious character and injurious tendency of the arrangements for medical relief under the Poor-law Amendment Act, which have been repeatedly complained of on former occasions by your petitioners, have been recently shewn in evidence before the select committee (on the said act) of your honourable house.

2. “That the system of contracting by *tender* for medical services ought to be abolished; and that the extent of medical districts should be greatly diminished.

3. “That to secure the proper distribution of duty, equitable remuneration, and suitable appointment of medical officers, an authorized official co-operation of the medical body in each union with the board of guardians is essentially necessary.

4 “That to ensure a competent supervision and control of the medical department of the poor-law, the appointment of some central medical authority, in connexion with the poor-law commissioners, is indispensable.

5. “Your petitioners, therefore, pray that your honourable house will speedily enact such measures for these purposes as to your wisdom shall seem fit, &c. &c.”

No. 2.

HEADS OF BILL proposed by the Provincial Poor Law Committee to Mr. Sergeant Talfourd, in February 1839.

(A) The crown to appoint a medical commissioner—to direct the affairs of the medical department of the poor-law, under the authority of the poor-law commissioners,—to issue general directions for regulating the appointment, duties, and remuneration of union medical officers,—to inspect the medical returns from each union, and to make a report thereon annually (to be appended to the annual report of the poor-law commis-

sioners)—and to decide all such disputed questions, relative to the appointment, duties, or remuneration of medical officers, as may be referred to him in the manner hereinafter mentioned.

(B) All the legally qualified medical practitioners in each union may nominate annually a medical guardian or assessor, to assist the board of guardians in determining, according to the medical commissioners' general directions, the number and boundaries of the medical districts in the union, the rate of payment to the medical officer for each district, and all questions relating to the conduct of the medical officers, the general condition of the health of the paupers, and the dietary and other sanatory regulations of workhouses. The medical assessor to be allowed a salary calculated at the rate of (ten ?) shillings for every hundred pounds of the total expenditure for the relief of the poor, and deducted from the salaries of the medical officers, in proportion to their respective amounts.

In case the medical assessor withhold his consent from the proceedings of the board of guardians, on any of the questions before mentioned, the case to be referred to the medical commissioner for decision.

If the medical practitioners in any union neglect to nominate a medical guardian or assessor, the board of guardians to appoint one of the resident medical practitioners to such office.

No. 3.

Mr. Sergeant Talfourd's communication to the Provincial Poor Law Committee, in August 1839.

My dear Sir,—As circumstances have rendered necessary the postponement of our endeavour to engraft on the system of poor-law administration enactments for the protection of the medical profession, and of the sufferers committed to their charge, I am anxious to state to you, and through you to the Provincial Medical Association, the objects for which it is proposed to contend, and the course by which we hope to achieve them. If the Bill for continuing the powers of the commissioners had been introduced at a convenient period of the session, I should have felt it to be my duty, in fulfilment of the trust with which I was honoured by your Committee, to present the amendments then contemplated to the notice of the House of Commons, and to seek their addition to the measure which the government promoted. But the large consumption of time occasioned by the fierce conflicts and singular vicissitudes of party, deferred the introduction of the Bill to a period when my professional engagements rendered it impossible for me to await the season when the amendments could be regularly presented, and when, if presented, I think they could not have secured, even in far more influ-

ential hands than mine, that calm attention which they require and deserve. I would fain hope that no personal disability on my own part has really produced a delay, which might otherwise have been averted, and that if the delay has caused regret to others as it has to me, it will bring with it the compensation not only of a more matured scheme, but of a more lasting destiny than could have awaited our hopes, if they had been embarked with a temporary measure like that which has been at length submitted to Parliament by ministers. At all events, it will afford opportunity for the consideration, by medical gentlemen, of the propositions to be submitted to parliament, which I will now state, not as suggestions of my own mind, but as the results which repeated conferences with yourself and other members of the committee have matured and sanctioned.

The *first*, and perhaps the most important object we propose to contend for, is *the appointment of an additional commissioner of the medical profession*, who shall act in concurrence with the other commissioners in the decision of all questions connected with the medical relief of the poor, but who shall not vote, though he may attend, on other discussions. We neither propose to invest him with a share in the general powers of the commissioners, nor with exclusive power in medical cases, but we are contented to leave to the discretion of the board, the degree of influence which he shall exert within his peculiar province; chiefly desiring that the feelings and the knowledge of the medical profession should have an appropriate organ to express them, and satisfied with the result which may thus be produced. The medical commissioner, who will be a physician or surgeon of five years' standing, will, however, have the especial duty of considering the medical returns from the various Unions, and of framing an annual report, to be appended to that of the general commissioners, approved by them, and issued under their sanction. In order to enable him to present in that report a comprehensive view of the medical relations of the poor and their guardians, it will be proposed to compel every medical officer to transmit a report to him on or before Lady-day in every year, so as to allow him three months at least to digest the materials, before he will be required to report upon them.

Besides the security of a general supervision of medical relief resulting from the appointment of the additional commissioner, there are *three specific objects* which it is proposed to submit to parliament:—

1. *The limitation of the extent of medical districts.*
2. *The ascertainment of certain limits of medical remuneration.*
3. *The qualification of medical officers.*

With respect to the extent of medical districts,—a matter of great importance to the interests of the poor, though comparatively indifferent to the medical profession,—it is proposed to enact, that no district committed to the charge of a single officer shall embrace an area of more

than sixteen square miles, or a population of more than five thousand persons, except in towns, where the space allotted for a district being smaller, the population may be more numerous. In those cases, it is proposed that a district containing not more than four square miles may include six thousand inhabitants, and if not more than one square mile in area, a population of ten thousand. As the changes which will be necessary in established unions to carry this provision into effect will require time, we propose that a period of three years should be allowed for completing them, and that the districts shall be regulated on the principle thus ascertained, by orders made under the common seal of the commissioners.

On the subject of remuneration, while we think that certain limits should be set, beyond which it should not vary, we feel that it is desirable to leave considerable discretion in the hands of the guardians. The extent of the district, the nature of the population, and the habits and even caprice of the neighbourhood, very naturally influence the feelings of guardians, and expand or moderate the wishes of resident practitioners; and, therefore, the establishment by law of a *maximum* and *minimum* rate, seems the course best adapted to secure proper attendance for the sick, without destroying the control of the local authorities. On this subject it should, however, be observed, that the minute of the poor-law commissioners of the 6th of June last, proposing a course whereby, at the commencement of each parochial year, a sum should be fixed as payment for attendance on the paupers then sick, while every case subsequently arising should be paid for at an ascertained charge, develops an improvement on existing practices so decided, that it is possible, if it be efficiently carried out, that it may prevent the necessity of legislative interference on this point. The same minute contains a recommendation, which at all events it will be desirable to adopt—that the sum to be paid by each union to its medical officer shall be apportioned among the parishes according to the number of sick which each shall contain.

With respect to the qualification of medical officers it is proposed to provide that no one shall be eligible to a future appointment unless he shall have practised for three years; that if he shall dispense medicines, he shall be a licentiate of the Apothecaries' Company; and that whether he be a physician or an apothecary, he shall also be a member of the College of Surgeons. It is also proposed, that if the district shall contain a medical practitioner duly qualified, who has resided for six months within it, desirous of undertaking the trust, he shall be preferred to a stranger.

These provisions, I believe, comprise the final results of the communications with which I have been honoured by the Committee of your Association, as requisite to secure the objects in which the welfare and the honour of the medical profession are inseparably connected with the

health and comfort of the poor. I once proposed to embody them for circulation in the form of clauses; but I have been induced to abstain from thus prosecuting them by the uncertainty which exists whether the Government will next year propose a renewal of the powers of the commissioners, or will make a new and permanent provision for the working of the system of relief; and, in the latter case, and while the *spirit* of the propositions to be submitted to the legislature would continue, their *shape* would undergo an entire change. It may also be hoped from that gratifying alteration in the tone of the commissioners, which experience alone was required to produce, that some of the proposed alterations may be forestalled by Government, or that such a spirit of accommodation may be evinced, as shall render it expedient to consider how our objects may be attained with the least alloy of opposition or struggle.

As it continues to be the wish of your Association that I should present their views to the House of Commons, I shall place a notice forthwith in the book of my purpose,* on the introduction of the bill of next year, to call the attention of the House to the subject of medical relief, with a view to introduce clauses amending the law respecting it; and shall, if necessary, follow up that notice by moving an instruction to the committee at the proper season. Most happy, however, shall I be, when the time for renewing the discussion shall arrive, to find the duties of your advocates in the legislature assume the humbler form of suggesting and aiding the awakened wishes of Government to do justice to your profession and to the afflicted poor, rather than compelling a hostile presentment of their own plans, which, if won by contest, would lose all its grace and much of its value.

I remain, my dear Sir,

Your obedient and faithful servant,

T. N. TALFOURD.

To H. W. Rumsey, Esq.,

Secretary to the Poor-Law Committee.

No. 4.

Mr. Sergeant Talfourd's Clauses, together with his Explanatory Letter, laid before the Eighth Anniversary of the Association.

July 12, 1840.

My dear Sir,—I send you the clauses which, on the best consideration, I have been able to give their subject, seem to me desirable, as additions to any bill which may be introduced by the Government for amending the laws for the relief of the poor. The determination of Ministers, founded on the state of public business, to postpone the con-

* The notice was accordingly given to the House by Mr. Sergeant Talfourd in his place on August 17th.

sideration of the bill which they had brought in to another session, has deprived me of the opportunity which, in accordance with my notice, I should have embraced, of seeking to obtain for them *this year* the sanction of the House of Commons. The great difficulties which attend the progress through that House of any bill which is not sustained by official power or urged by party zeal—difficulties which have for four years prevented me from attaining another object, although supported by large majorities, have induced me to regard the committal of a bill conducted by Government as affording a better chance for the due consideration of the claims of the medical profession than could be obtained by attempting a substantive measure; and as the short existence proposed for the commission-continuance bill seemed to me to render a proposal for adding these clauses to that bill inadmissible, I have seen no course open to me except to defer the introduction of the clauses until next session. Perhaps the delay may be attended with some compensations, as I have thought it expedient, in framing the clauses, to depart in some particulars, from the propositions contained in my letter to you of August last, and it is most desirable that the amendments to be submitted to the legislature should first be subject to the correction of the profession, whose feelings and opinions I have only to embody in form, and humbly to represent and enforce.

Among the slighter modifications of the plan contained in my letter of August, you will perceive that I have not attempted to define by law the limits of remuneration to medical officers, within which the discretion of the guardians may be exerted; but that I have been content to make it imperative on the commissioners to issue orders from time to time, prescribing such limits, and to prohibit all attempts to obtain tenders. I have adopted this course after many and laborious endeavours at once to lay down rules and to leave necessary discretion to the commissioners, both as to the amount and the mode of providing remuneration, which have convinced me that the attempt must fail. Perceiving, however, that there is little difference between the commissioners and the medical witnesses respecting the amount of compensation and the proper mode of applying it, I hope the necessity of making orders on the subject will practically ensure the adoption of a course in accordance with the moderate and just wishes of the profession.

In providing for the qualification of medical officers, I felt it just to exempt from the requisition of surgical honours the apothecaries who may be in practice at the time of passing the Act. I have been induced to recommend this exception by communications I have received from practitioners who pursue a laborious and honourable course, with only the apothecaries' license, in remote districts, and who have expressed painful apprehensions lest the obligation to employ a surgeon should compel the introduction of strangers to share their small and ill-remune-

rated practice, and whose fears have been expressed in a manner I could not resist. I have also forborne to embody the proposal I once made, that the guardians should be compelled to prefer a party who had resided a certain time within the district to a stranger, unless on reasons approved by the commissioners; as I can conceive the existence of reasons justifying them in declining to engage such a resident, the statement of which might be very invidious and painful. But in this particular, as in all others, I shall be most happy to be instructed by the judgment and experience of your Committee, and, as far as possible, to meet their wishes.

As the additions which have been made to the clauses since they were printed are chiefly intended to carry out important suggestions of your own, I need not trouble you with any explanation of their objects, but now leave you to decide how far the language I have used aptly represents your meaning, and is calculated to accomplish your purpose.

I remain, my dear Sir,

Your's faithfully,

T. N. TALFOURD.

*To the Secretary of the
Poor-Law Committee.*

CLAUSES PROPOSED BY MR. SERGEANT TALFOURD, 1840.

A medical commissioner to be appointed in addition to the three poor-law commissioners.

I. And be it enacted—That it shall be lawful for Her Majesty, her heirs and successors, by warrant under the royal sign manual, to appoint one fit person, being a physician or surgeon lawfully qualified to practice in physic or surgery, for a period of not less than five years, to be a commissioner to carry into execution the Acts relating to the poor in England and Wales, in addition to the three commissioners appointed under such Acts, and to be styled “The Medical Poor-Law Commissioner for England and Wales;” and also from time to time, at pleasure, to remove such medical commissioner; and, upon any vacancy in the office of medical commissioner, to appoint some other such person to the said office; and that the said medical commissioner shall be sworn, and his appointment notified in the manner prescribed in respect of the other poor-law commissioners; and that, being so appointed and sworn, he shall attend at the meetings of the poor-law commissioners, but shall not have any voice at such meetings, except in matters concerning the medical relief of the sick poor, in which matters he shall have equal voice with such other commissioners; and all rules, orders, and regulations relating to such medical relief shall be sealed or stamped with the common seal of the poor-law commissioners, and shall have the same force

and effect, and be received in evidence in like manner with other orders, rules, and regulations, sealed or stamped with the said seal.

II. And be it enacted—That the medical commissioner, with the aid and under the authority of the other poor-law commissioners, shall, after the passing of this Act, proceed with all convenient dispatch to take into consideration the size and population of every district for the administration of medical relief throughout England and Wales, to be committed to the charge of a medical officer in order to settle the extent and boundaries thereof upon the scheme following, that is to say, that no district shall include a larger population than ten thousand persons.

The medical commissioner to settle the extent and boundaries of medical districts throughout England and Wales within three years, and submit the scheme thereof to a Secretary of State, to be laid before Parliament.

That districts of greater area than eight thousand acres (*about twelve square miles*) shall not include a population of more than four thousand persons.

That districts of greater area than one thousand acres (*about one and a half square mile*) shall not include a population of more than six thousand persons.

That districts of area less than one thousand acres may contain a population not exceeding ten thousand persons.

And that the medical commissioner shall, within three years after the passing of this Act, complete the regulation of all districts throughout England and Wales, and submit the scheme thereof, specifying the extent, and boundaries, and population of all such districts to one of the principal Secretaries of State; and such scheme shall be laid before both Houses of Parliament within six weeks after the receipt of the same by such principal Secretary of State, if Parliament be then sitting; or if Parliament be not then sitting, then within six weeks after the next meeting thereof.

III. And be it enacted—That the medical commissioner and the other poor-law commissioners shall from time to time make orders, whereby they shall prescribe limits within which the remuneration of medical officers may in every case be determined by the guardians of every union, provided always that it shall be lawful for the said commissioners at any time to suspend or vary the operation of such orders in any particular case or cases, by writing under the hands of any two or more of them, of whom the medical commissioner shall be one.

The medical commissioner and poor-law commissioners to make orders and prescribe limits to the remuneration of medical officers.

IV. And be it enacted—That the medical officer of every district shall, on or before the 25th day of March in every year after the passing of this Act, transmit to the medical commissioner a district report, stating the number of persons who shall have received medical relief during the preceding year within his district, the expenses of such relief, and the proportions and manner in which such expenses have been or will be defrayed, the distance of his own place of abode from the most remote inhabited part of his district, and if he shall not

Every medical officer to make an annual district report, and transmit the same to the medical commissioner, and the medical com-

missioner to make a general current report, to be annexed to the report of the poor-law commissioners, and laid with it before Parliament.

reside therein, in addition to such particulars as aforesaid, the distance of his place of abode from the nearest inhabited part of such district, and all such other matters as the poor-law commissioners shall by their orders from time to time require to be included in such district report.

And that the medical commissioner shall once in every year prepare a general report, comprising the substance of such district reports, and all proceedings of the poor-law commissioners relating to medical relief in such year, and cause such general report to be annexed to the annual report of the poor-law commissioners, in order that the same may be submitted therewith to one of the principal Secretaries of State, and laid therewith before both Houses of Parliament.

Guardians to determine the amount of remuneration to be received by medical officers, subject to the orders of the commissioners, but not to advertise for or seek to obtain tenders.

V. And be it enacted—That the rate of the remuneration to be received by medical officers shall in all cases be fixed and determined by the guardians of the poor of every union, subject to any limitations and directions which may be contained in this Act or in the orders of the commissioners, and that such guardians shall not attempt, by advertisement or other public notification, or in any manner whatsoever, to obtain tenders or offers relating to the remuneration to be given for the performance of the duties of such medical officers.

Qualification of medical officers.

VI. And be it enacted—That no person shall hereafter be eligible to receive the appointment of medical officer of any district not being duly qualified to practise as a surgeon and physician, or as a surgeon and apothecary, unless he shall be in actual practice as a surgeon or apothecary at the time of passing this Act; and that no person shall be so eligible until he shall have been in surgical or medical practice for three years.

The expense of medical relief to be a parochial charge.

VII. And be it enacted—That in all cases the expenses of medicines and administering medical relief shall be borne by the respective parishes in or of every union, in proportion to the expense incurred on behalf of the parishioners of each parish who shall receive such relief.

No 5.

CLAUSES PROPOSED, *by the Provincial Association, to be inserted in the BILL for the further AMENDMENT OF THE POOR LAWS, about to come under the consideration of Parliament.*

[Clause A provides for the appointment of a POOR LAW MEDICAL DIRECTOR. It is in substance the same as the first clause of the preceding series "Director" being substituted for "Commissioner."

Clause B relates to the extent, boundaries, and population of medical districts of parishes, and is identical with the second clause of the preceding series, the "Poor Law Commissioners" being substituted for a "Medical Commissioner."]

C. And be it enacted,—That on or before the day of The Guardians of every Union to prepare Medical Pauper Lists, next after the passing of this Act, the guardians of the poor of every Union shall, for each parish belonging to such Union, cause to be prepared a list, to be called the Medical Pauper List, which shall contain the names of all poor persons residing in such parish, who at the time above specified are in the actual receipt of out-door parochial relief of any description: and to these names shall be added on the same list, the names of any other individuals of the same parish not in the actual receipt of parochial relief, but for whom the said Guardians shall be willing to provide medical relief in the event of sickness or bodily ailment, or injury from accident, or otherwise.

And at the expiration of every three months after the said day of , the said Guardians shall revise and amend the several Medical Pauper Lists of the parishes within their union by erasing the names of any persons who may be deceased, or have quitted the parish, or have been removed into a workhouse, or for whom the said Guardians intend no longer to provide medical relief; and by adding, at their discretion, the names of such other poor persons only, residing in the parish, as shall not be then sick or suffering from bodily injury, and for whom the said Guardians intend to provide medical relief when necessary. The Medical Pauper List to be revised quarterly.

And the said Guardians shall, as soon as possible after the preparation and after the revision of every Medical Pauper List, transmit a copy thereof to the medical officer appointed to attend the parish to which it shall refer; and such medical officer on application being made to him by or on behalf of any person sick or suffering from bodily injury, whose name shall, at the time of such application, be upon the said list, shall forthwith afford to such sick or injured person the necessary medical relief. Guardians to transmit a Copy of the Medical Pauper List to the Medical Officer, who on application made to him, shall forthwith afford the necessary Medical Relief.

D. And be it enacted,—That on or before the day of Remuneration to the Medical Officer for the Medical Pauper List, in every year, the Guardians of every Poor Law Union shall fix and determine, for the ensuing year, subject to the approval of the Poor Law Commissioners, and subject to the several augmentations hereinafter mentioned, the rate of remuneration to be paid to every medical officer of such Union, in respect of the Medical Pauper List of every Parish he may be appointed to attend: Provided always, That the amount of such remuneration shall depend upon the average of the several quarterly numbers of persons whose names shall be on such List during the said ensuing year or any quarter thereof; and such rate of remuneration shall not be less than three shillings, nor more than four shillings for each individual of such average number.

And the said amount of remuneration, so determined, shall in the case of every parish in which the medical officer appointed to attend it shall not reside, and from which his residence shall be distant one mile, be Increased according to the distance of the Parish from the resi-

dence of the
medical
officer.

augmented by the addition of one-fourth part for every mile of distance between the residence of such medical officer and the nearest part of such parish, such distance to be computed by the course of the nearest public carriage-way.

Increased
according to
the Area of
the Parish.

And further, the said amount of remuneration, determined as aforesaid, shall in like manner be augmented by the addition of one-fourth part in the case of every parish, the area of which shall exceed two thousand acres.

Orders for
Medical
Relief in
certain cases
may be given
by Clergy-
men, Church-
wardens,
Overseers,
and Justices
of the Peace.

E. And he it enacted,—That if in any parish belonging to a Poor-Law Union, any poor person, who is not an inmate of a Workhouse, and whose name is not on the Medical Pauper List of such Parish, shall be seized with sickness, or sustain bodily injury so as to render Medical Assistance necessary, it shall be lawful for the Rector or Vicar or Curate or Churchwarden or Overseer of such parish, or for any Justice of the Peace, to grant to such poor person an Order in writing, addressed to the Medical Officer appointed to attend such parish, which Order shall be in force during three calendar months from the date thereof, and upon the receipt of such Order, the said Medical Officer shall promptly afford to the said sick or injured person the necessary Medical Relief, and shall continue to do so until the patient shall be recovered, or the said term of three calendar months shall expire:—Provided that if such patient shall not be recovered at the expiration of the said period of three calendar months, a new Order shall be obtained.

Remunera-
tion to Medi-
cal Officer for
each Order.

And every Medical Officer, to whom such Order shall be addressed, shall, in addition to his other remuneration of whatever kind, receive for every such Order a sum double the annual amount of remuneration to be paid as hereinbefore directed for each individual of the aforesaid average number on the Medical Pauper List of the Parish, in which the patient mentioned in such Order shall be attended by the said Medical Officer:

Orders for
Medical
Relief may be
granted by
way of Loan.

Provided always, That in Cities and Towns containing a population of more than ten thousand persons, the sum to be paid for every such Order shall not be less than four shillings, nor more than five shillings.

And in case it shall appear to the Guardians of any Union, in which any Order for Medical Relief shall have been granted by any person empowered by this Act to grant such Order, that the relief thereby afforded should be treated as a Loan, it shall be lawful for the said Guardians to declare by a notice in writing, addressed to the person to whom, or on account of whose Wife or Child, such Order shall have been granted, that the cost price of such Order is Relief by way of Loan: [a provision for the recovery of loans* should be added or referred to.]

* The recovery of loans is provided for by the Poor-Law Amendment Act; but it is presumed that, according to the recommendation of the commissioners, some better method of recovering loans from the poor will be enacted by Parliament.

F. And be it enacted,—That on or before the said day of Remuneration to Medical Officers attending Union Workhouses, how determined.
 in every year, the Guardians of every Poor-Law Union shall fix and determine, for the ensuing year, subject to the approval of the Poor-Law Commissioners, the rate of remuneration to be paid to the Medical Officer appointed to attend any Workhouse belonging to such Union : Provided always, That the amount of such remuneration shall depend upon the average, of the said ensuing year, weekly numbers of Inmates of such Workhouses, and shall not be less than 4s. 6d. nor more than 6s. for each individual of such average number.

G. And be it enacted,—That if by virtue of any order to be hereafter made by the Poor-Law Commissioners, the Guardians of any Union shall think proper to provide medicines and other necessaries appertaining to medical relief, for the uses of the pauper patients of their Union, paying competent persons to prepare and dispense the same, and, appointing Medical Officers for the sole purpose of attending and prescribing for the poor of the Union who may be sick or suffering from bodily injury ; the said guardians shall in such case deduct one-half from the remuneration hereinbefore directed to be paid to the Medical Officer, exclusive of and without the affecting the augmentation made as aforesaid, on account of the extent of any parish, or the distance of such parish from his residence.

H. And be it enacted,—That on or before the aforesaid day of Remuneration to Medical Officer for attending Women in Child-birth.
 in every year, the Guardians of every Poor-Law Union shall fix and determine, subject to the approval of the Poor-Law Commissioners, the amount of remuneration to be paid to any Medical Officer, appointed to attend such Union or any district thereof, for attending, by order of the said Guardians, any poor woman in child-birth, whether she be an inmate of a workhouse or not.

Provided, however, that if such Medical Officer be called upon to attend any poor woman in a difficult or protracted case of child-birth, at the instance or during the attendance of any midwife employed or paid for such attendance by the said Guardians, he shall receive for every such attendance the sum of two guineas. Remuneration for Consultation in Midwifery Cases.

I. And be it enacted,—That every Medical officer appointed to attend any Union, or any Parish thereof, shall receive a specified remuneration for every surgical operation of a serious character, which he may perform for the relief of any poor person, either by order of the Guardians of such Union, or in cases of urgent danger without such order, the amount of such specific remuneration to be fixed in every case by the Poor-Law Medical Director (or Poor-Law Commissioners), to whom a Report of such operation shall be sent by the said Medical Officer.

[Clause K provides for Annual Medical Reports, and is almost identical with the fourth Clause of the preceding Series (No. 4); the “ Poor-Law Medical Director” or the “ Poor-Law Commissioners” being substituted

for the "Medical Commissioner," and a provision being added for the payment of One Guinea to the Medical Officer for each Annual District Report.]

Tenders prohibited, both under this Act and that of 3d and 4th Victoria, for the extension of Vaccination.

L. And it shall be unlawful for the Guardians of any Poor-Law Union to attempt, by advertisement or other public notification, or in any manner whatsoever, to obtain Tenders or offers relating to the remuneration specified in this Act to be given for the performance of the duties of Medical Officers, or to be received under any contract made, or to be made, according to the provisions of an Act of Parliament passed in the session of the third and fourth years of the reign of Her Majesty Queen Victoria, entitled, "An Act to extend the Practice of Vaccination."

Qualification of Medical Officers.

M. And be it enacted,—That no person shall hereafter be eligible to receive the appointment of Medical Officer of any district, not being duly qualified to practise as a Surgeon and Physician, or as a Surgeon and Apothecary, nor until he shall have been in Medical and Surgical practice, as Principal or Assistant, for a period of two years, unless at the time of passing this Act he shall have been in actual practice as a Surgeon or Apothecary for a period of five years.

